MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1642
1. PLACE OF DEATH	93	YUZ
County Dallimosa	Registration Dist. No. 42	
Village or City Rosemout Lausdon	menot ()	Ward
	death occurred in a horpital or institution, give its NAME instead of street and r	
2. FULL NAME Glorge W. Ud	anus Vu. S. Veteran, specify WAR No Reco	rd
(a) Residence: Not orishana y Wash	U. St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and	State
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH	
Wall white OR DIVORCED (write the word)	21. DATE OF DEATH November // (Month) (Day) /	, 193 (Year)
5a. If married, widowed, or stoorced HUSBAND of (or) WIFE of  (Adams)	22.   I HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, and year) The 30-1863	11ast saw h 1 mg elive on 2 1 1 193	: deeth is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:45 PM	, 40011111111111
74 6 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Dete of onset
8. Trade, profession, or particular kind of work done, es SPINNER, Jureman	arterio scleratic Cardio -	5
9. Industry or business in which work was done, as SILK MILL, R & D, P. P	Chr miresidites	2
SAW MILL, BANK, etc	Hypertension	?
this occupation (month and 1932 spent in this occupation coupation		
12. BIRTHPLACE (city or town) 13 alto 744.	Other Coatributory Causes of Importance:	1/8/37
13. NAME JOS. I CLARIUS		
14. BIRTHPLACE (city or town) Bally make	Name of operation Dete of	
(State or country)	What test confirmed diagnosis Thyorey Etas Was there en a	utopsy? Ly
15. MAIDEN NAME Magaret C. Polymes  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	death was due to external causes (VIOL ENCE) fill in also tha following	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
1 (State by Equity)	Whera did injury occur? (Specify city or town, county and State	:)
17. INFORMANT AUGUSTANIA CIPE V Wash	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMANION, OR REMOVAL	Manner of injury	
Place A breadon from Date 193	Neture of injury	
19. UNDERTAKER Williams Ofte (Address) /2/7 St Paul St	24. Was disease or injury in any way related to occupation of deceased?	لی
20. FILEDON 12, 1937 Serkieffer	(Signed) PROSTERING (Address) 6 V3 Washington	Blud.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		NGV 19 193		
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	V. B.	

RD. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT RE EXACTLY. properly classified. See instructions on back of certificate. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

-WRITE PL Ä ż

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)
County Voalto	Registration Dist. No. 3
Village or City Corbatt	NoSt.,Ward
Length of residence in city or town where deeth occurredyrsr	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. If of foreign birth?mosds.
11:001:41	
2. FULL NAME Still Viring .	1f U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (write the word)	(Month) (Oay) (Yéar)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	Still britty, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS then	I last saw h alive on
0 1 1 1 1 day,h	
8. Trede, profession, or particular	were as follows: Oate of onset
SAWYER, BOOKKEEPER, etc	Still frother
9. Industry or business in which	
SAW MILL, BANK, etc.	atous 6 mo.
10. Dete deceased lest worked at this occupation (month and spent in this	
year) occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Mach age	
14. BIRTHPLACE (city or town) They a Co.	Neme of operation Dete of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Com a Wagner	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Alabori	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT ALLA W. G. C. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place and Treen Oute hov. 17, 193	Nature of Injury
19, UNDERTAKER Work C Burales & Som	24. Wes diseese or Injury In eny way related to occupation of deceased?
(Address) Searly mol-	If so, specify
20, FILEO Mov 12, 1937, anna Price	(Signed) Arliner 6. Ouser M.D.
Registrat.	(Address) Colany Dville Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	—CERTIFICATE OF DEATH
County Baltumore	Registration Dist. No.
Village or City Woodlaww	No. Dogwood Poad St, Ward  (If death occurred in shorpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 2 / yrs.	mosds. Sow long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Elizabeth U	Resture If U. S. Veteran, specify WAR
(a) Residence: No. Dogwood Voa 4, Woode (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lemale white 5. SINGLE, MARRIED, WIOOWED OR DIVORCED (write the word)	
HUSBANO of (or) WIFE of Joseph aleskire	22. I HEREBY CERTIFY, That I attended decaasad from
6. DATE OF BIRTH (month, day, and year) July 1865	May 25 , 1931, to 100, 1937; death is said
7. AGE Years Months Oays If LESS tha	
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at the companying many in this security or many in this security in months and security many in this security many in this security in months and security many in this security many in this security in many in the security	Chronic Myocardial Degeneration
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	193
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) 0ccupation	
12. BIRTHPLACE (city or town) Page County	Other Contributory Causes of Importance:
(State or country) Virginia	Lewilety
13. NAME ? Koonty	
14. BIRTHPLACE (city or town) Un business (Stata or country)	What test confirmed diagnosis? Physical was there in autopsy? It
15. MAIDEN NAME Mary Vire	23. If death was due to external causas (VIOLENCE) fm In also the following:
16. BIRTHPLACE (city or town) Page Count	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Joseph Allestere (Address) Word Paris Mars La	Specify whether injury occurred in INOÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
Place John Stypher Ce pate NOVY 00, 19.	Natura of Injury
19. UNDERTAKER Caston Sous (Address) Lican Gula	24. Was disease or injury In any way related to occupation of daceased? 100
20. FILED NAT. 3 1937 aller W. Keine	(Signed) Joshua Nellemagast M. C
	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

stated EXACTLY. PHYSICIANS should state

IS A PERMANENT REC

UNFADING INK-THIS

B.-WRITE PL

AGE should be

ARGIN RESERVED FOR BINDING

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	1915 1921	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago 1 week ago	
of importance were as follows:  Arteriosclerosis		Attack of epilepsy		
Chronic interstitial nephritis		Run over by street car		
Cerebral hemorrhage DEC	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11040
County Batteriore	Registration Dist. No. 30
Village or City Catonsville	No. 115 D. Holling Road St., Ward
Length of residence In city or town where death occurredyrs,mos	f death occurred in a hospital or institution, given to NAME instead of street and number)  s
2. FULL NAME Mary of after	4
(a) Residence: No. 115 (V) (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OF DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH 2 4 1937.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seorge S. Allen	1 HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 16 1855	I last saw here alive on here 24 , 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11. bold m.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Catura Salvana Decumb
9 Industry or business in which work was done, as SILK MILL.	2. They Destroy in 1925
SAW MILL, BANK, etc	Cembral Demourtage 74,23,193
12. BIRTHPLACE (city or town) Baltaneoul (State or country)	Other Contributory Chases of importance: (Mill) 1925
13. NAME Carl Reinich	
14. BIRTHPLACE (city or town)	Name of operation. Home Date of
(State or country)	What test confirmed diagnosis? Plugar Cal Was there an autopsylle
15. MAIDEN NAME / Lot Known	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) most of the country)	Accident, suicide, or homicide?
17. INFORMANT Mass. J. G. Willett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMDVAL	Manner of injury
Place Corollac Date Nov. 26, 193/	Nature of injury
9. UNDERTAKER John 3. Llenny (Address) 7 15 Light Sty	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 16/24-193 Registrar.	(Signed) Colist Wythuson M.D.  (Address) 3 4 32 Frederick as
If more blanks a charge souther State Registrar.	2411 N Charles Street Religionary Property (7) S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 2 1917				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
V seement to the seem				

V. S. No. 1

	STATE (	OF MAR	YLAND-	-CERTIFICATE OF DEATH 11640		
1. PLACE OF DEATH				59		
County Baltimore				Registration Dist, No. 4-3		
/	city Raspebur		O wee mo	No. Marx Ave • St., Wa  If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long In U.S. if of foreign birth? yrs. mos.		
/						
				If U. S. Veteran, specify WAR		
(a) Reside	nce: No. Marx A	(Usual place	fullerto	On Stye. Ward.  If nonresident give city or town and State		
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX Female	4. color or race	5. SINGLE, MAR OR DIVORCE Widov	RIED, WIDOWED, D (write tha word) IO d	21. DATE OF DEATH  November 6th, 193 7  (Month) (Day) (Year)		
5a. If married, wido HUSBAND of (or) WIFE of	George W.	Almony		October 22 136 to Communo 193		
6. DATE OF BIRTH	(month, day, and yeer)	oct. 19.	1856	I last saw h & elive on November 5 19 37; deeth is si		
	nars Months	Days	If LESS than	to have occurred on the data stated above, at 3. A. Mm.		
8	31 0	17	1 day,hrs. ormin.	THE ARTICLAS OF DEALE SHE CAUSE OF DEALE SHE CAUSES OF IMPORTANCE		
8 Trada profession or particular				New Mellities Date of ons		
9 Industry or work w	business in which as dona, as SILK MILL,					
10. Data decaa this occ	ILL, BANK, etcsed last workad at upation (month end	sper	ima (years) nt in this upation			
12. BIRTHPLACE (c) (State or co				Other Contributory Causes of Importanca:		
13. NAME A	ugust Roth	201203		m land		
14. BIRTHPLAC	E (city or town)	lnknown known		Name of operation over all the croses Date of 1937 What test confirmed diagnosis all the case Was there an autopsy?		
15. MAIDEN N.	AME Unknown			23. If daath was due to externel causas (VIOLENCE) fill In also that following:		
	E (CITY OF TOWN)	known known		Accident, suicide, or homicide? Dete of Injury, 19  Where did injury occur?		
17. INFORMANT _ N (Addrass)	Marx Ave. R	uggman laspeburg	. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Nov. 9th, 19 37				Menner of injury		
19. UNDERTAKER Frederik Landlu V (addrass) 7401 Belair Road			v for	24. Was disaase or miury In any way related to occupation of deceased?		
20. FILED	18 ,19.3.7	s.a.t.	To M. D. Registrar. L	(Signa) Males H, M, MEY 97 M.		
	If more	e blanks are needed, a	ddress State Registray	2/11 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause o of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	and the state of t	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	To ex	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	94 1931	3 days ago
	1		NOA S.	
			VIT	7. • 1
Other contributory causes of importance:		Other contributory car	uses of importance:	· #1
Gallstones	May 1,1923	Gastroenteritis		1 year
			End at a set of got	79

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

# PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate. mation should be carefully supplied. LY, WITH -WRITE PL

TARGIN RESERVED FOR BINDING

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH		92-ay	5
County Buttimore		Registration Dist. No.	30
Village or City Aceles And	(If	No	
		strangi U. S. Veteran, specify WAR	******
	place of abode)	If nonresident give city or to	
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEA	тн
OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH hor. 10	, 193.7
a. If married, widowad, or divorced	carries	(Month) (Oay)	(Year)
(or) WIFE of Vernow E. arms	trang	22. I HEREBY CERTIFY, That I at	
. DATE OF BIRTH (month, day, and year)	1.1843		9.3.7.; danth is sai
. AGE Yaars Months Oay:		to have occurred on the date stated above, at 7.25 H.m.	
54 6 27	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of important were as follows:	Date of ones
8. Trada, profession, or particular kind of work done, as SPINNER.			7
SAWYER, BOOKKEEPER, etc		Chime ( andreas	lely
work was dona, as SILK MILL, — — SAW MILL, BANK, etc.			June
10. Date dacaased last worked at this occupation (month and	otal time (yaars) spent in this		9 19
year)	occupation	Other Contributory Conses of Importance:	
2. BIRTHPLACE (city or town)			
	was		
13. NAME Joseph Pegales  14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)		Name of operation Da	te of
(State of Country)		What test confirmed diagnosis? Was the	ere an autopsy?
15. MAIDEN NAME Current Herrel	ull	23. If death was dua to axternal causes (VIOLENCE) fill in also tha fo	ollowing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicida? Oate of injury_	, 19
(State or country)		Where did injury occur?	-10
7. INFORMANT Mrs. Lysl Carter (Address)	1.	(Specify city or town, county a Specify whether injury occurred in INOUSTRY, in HDME, or in PUB	LIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL		Mannar of injury	
Piecest Johns Cem. Oate	non. 13, 1937	Nature of injury	
9. UNDERTAKER J.C. King inharthan	Di.	24. Was disease or injury in any way related to occupation of deceas	ed? Dis
20. FILED 11/4 19 H	elsea. Registrar.	(Signed) La Lange (Addrass) Lange	7/ M.

V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	if	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 2 1937			
Other contributory causes of importance:	THE STREET	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1100111011111			GATE AND IN- PROPERTY.

V. S. No. 1

STATE OF	MARYLAND-CERTI	FICATE OF	DEATH
OF DEATH		08:20	011

11648

1. PLACE OF DEATH		98-00 130
County Ballems	re	Registration Dist. No. 33
Village or City Owing	(11	No. Poseurord State Training Sest and Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of loreign birth?
Length of residence in city or town whera	death occurredyrsmos	
2. FULL NAME Mulla  (a) Residence: No. 2864. M.	Lamale A Bay (Usual place of abode)	If U. S. Veteran, specify WAR.  Ward.  If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 , 193 7
5e. I1 marriad, widowed, or divorced HUSBAND of (or) WIFE o1		22. I HEREBY CERTIFY, That I attanded deceased from  1933 to 22 1937
6. DATE OF BIRTH (month, day, and year)	och 16,1922	I last saw have alive on 22 ,1937; death is said
7. AGE Years Months	Deys I1 LESS than 1 day,hrs.	to have occurred on the date stated above, at 5:35 Cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	hool; Roserd  11. Total tima (years)  spent in this  occupation	Stablishococcurs aureno - 3/2/33 Hafrifytic Bacterinia, 3/2/33 Control Osteonyslitis, Endocarlilis & replintes Victor Regunstation
12. BIRTHPLACE (city or town) Balk (State or country)	more med	myrcardial Insufficiency 11/1/37
13. NAME mulland	ushley	1
13, NAME MULLAND  14. BIRTHPLACE (city or town)	aryland	Name ol operation Date ol
	W 80. 1	What test confirmed diagnosis? Was there in aulopsy?
15. MAIDEN NAME Conna  16. BIRTHPLACE (city or town)  (State or country)	caryland	23. If death was due to external causes (VIDLENCE) fill in elso the following:  Accident, sulcide, or homicide?
17. INFORMANT Austitution (Address) State Training	al Records : Roums School Owning Smills	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place O O Ullumu	M Date 11-25, 193.7	Manner ol Injury
19. UNDERTAKER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	illy St	24. Was disease or injury in any way related to occupation of daceased?
20. FILEO NOV-23 , 1937 7.	Rowe Price.	(Signed) George C: medary M. D.  (Addrass) Ours millo, and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	(0.13)
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? vrs. mos. ds. PHYSICIANS Length of residence in city or town where death occurred statement If U. S. Veteran, specify WAR 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from CERTIFY. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 day ....-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Oate of onsat 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ RESERVED may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and that occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATE 14. BIRTHPLACE (city or town) Name of operation\_ plain (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) OF DEATH (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE Nature of injury\_\_\_\_ 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify

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Example I		Example II	
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Chronic interstitial nephritis	192	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	S.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DE		JF MAF	KYLAND—	CERTIFICATE OF DEATH 11650			
County BALTO. CO.  Village or City Park Village. BALTO.			D. BALTO	Registration Dist. No			
Length of residence in	city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsmosd			
2. FULL NAME	MARY (	C. BARB	OUR				
(a) Residence: No.	77.05		RDFORD RD	St., Ward.  If nonresident give city or town and State			
PERSONAL A	ND STATIST	ICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH			
	OR OR RACE	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED, ED (genice the word) RIED	21. DATE OF DEATH NOV. (Month) (Day) (Yaar)			
5e. tf meiriad, widowad, or divorced HUSBAND of (or) WIFE of HARRY BARBOUR				22. I HEREBY CERTIFY, Thet t attended doceased f			
5. DATE OF BIRTH (month,	lav. end year)	PT. 7/	1860	I last saw he alive on less 1; 1927; death is s			
7. AGE Years	Months 1	Days 23	If LESS than I day,hrs. ormin.	to have occurred on the dete stated above, at			
8. Trada, profession, or kind of work don SAWYER, BDOKK 9. Industry or business work wes done, a SAW MILL, BAN 10. Date dacaased last withis occupation (ryear)	a, as SPINNER, EEPER, atc	11. Total	time (years)	Setily Japil			
2. BIRTHPLACE (city or tow (State or country)				Other Contributory Causes of Importance:			
13. NAME AND	REW HAN	MAN					
14. BIRTHPLACE (city or (State or country	)	GE.	RMANY	Nama of operation.  Whet test confirmed diagnosis?  Was there an autopsy?			
15. MAIDEN NAME VE	NA HANA	MAN		23. If death was dua to external causas (VIOLENCE) fill in also the following:			
15. MAIDEN NAME VE		GER	MANY	Accident, suicide, or homicide?			
17. INFORMANT _ MARY (Address) 7705	OLD HA	BOUR RDFORD	RD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OF Place SACRED	REMOVAL HAFRT	Dete NO	V.5% 1937	Manner of injury			
19. UNDERTAKER	lyd	fre st	lerenc	24. Was disease or injury in any wey releted to occupation of deceased?			
20, FILED 11/ 3	, 1937 a	M. 03	acow Registrar.	(Signed) John John Market Mark			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
		1. 1/2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 1.93	1 year

of OCCUPA-

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH	11651
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3	I. PLACE					Exa Be 28	
			imore Towson			Registration Dist. No. () ()  No. Sheppard-Pratt Hospital St.,  f death occurred in a hospital or institution, give its NAME instead of attest and	Ward
	Length of r	esidence in ci	ty or town where de	eath occurred_34	yrs_6mos	ds. How long in U.S. if of foreign birth?	nosds.
/:			Howard M. Sheppard-		spital, To	wssn, Md. Ward. 2100 M. Royal Jens	d State
-	PERSC	NAL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	a Didio
3.	SEX Male	4. COLO	R OR RACE White	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 24  (Month) (Day)	, 193. 7 (Year)
5a	. If married, wid HUSBAND of (or) WIFE of		orced			22. I HEREBY CERTIFY, That I attended July 19.24 to November 2	d deceased from
6.	DATE OF BIRT	H (month, da	y, and year) Jul	Ly 4, 186	39	I last saw h im alive on November 23 1937	; death is said
7.		Years 58	Months 4	Days 20	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at _3:50P am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOI	8. Trade, pro- kind o SAWY	ofession, or pa of work done, ER, BDDKKEE	articular as SPINNER, PER, etc	Clerk		Cerebral hemorrhage Arteriosclerosis	11/23/3'
OCCUPATION	9. Industry of work	or business in was done, as S WILL, BANK,	which			- ALGULAUMARA VORR	
000	10. Date dece this or year)	eased last work coupation (mo March	rked at nth 1903 ?	SD2	ime (years) nt In this upation 12–14y	ears	
12	BIRTHPLACE (State or c			Pennsylv	vania	Dther Contributory Couses of Importance: Myocardial insufficiency Hypertension	1933 about
ER	13. NAME J	. Kemp	Bartlett			Hypertension	1929
FATHER	14. BIRTHPLA (State	CE (city or to or country)	own)Mary]	land		Name of operation Date of What test confirmed diagnosis? Was there an	
띪	15. MAIOEN	NAME	Virginia	Coughill		23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLA (State	CE (city or to or country)	own)M	aryland		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17	. INFORMANT (Address)	Hosp	ital Reco	rd		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18	BURIAL, CREM	rienas	//	Date how	126/373	Manner of injury	
19	. UNDERTAKER	Stew	art & Mon	Jan Con	fang I	24. Was disease or injury in any way related to occupation of deceased?	
20	FILED AND	-25	197 1	Merell with his	Vast My Zal Registrar.	(Signed) R. Pattrell, M.D. (Address) Towson, Waryland,	M. D.
			If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPA item statement SICIAN JRD. Exact certificate. of back may that instructions terms, See plain efully important. E. A OF SE

20. FILED

BINDING

RESERVED

ARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred .mos.\_\_\_\_ds. How long in U.S. If of foreign birth?\_\_\_\_\_vrs.\_\_\_\_mos. If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 3. SEX 21. DATE OF DEATH OR DIVORCED (write the word) marria (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIEE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, et. 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which OCCUPA work was done, as SILK MILL SAW MILL, BANK, etc.... 10. Date deceased ast worked at this occupation (month and 11. Total time (years)
spent in this occupation \_\_\_ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) HER FATI 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diegnosis?\_ ...... Wes there an autopsy?.... MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) Manner of injury Nature of Injury\_\_\_\_ 24. Was disease of injury in any wey related to occupation of deceased?

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If so, specify (Signed)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes - Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
of after consulting Dr. E. E. Michaels of reserve
inquest not necessary as the Doctors opinion
was The decreased had died from natural cases
which I also concurred in Mormantt. angell'
Coroner

Exact

Jo

RD.

may that plain carefully DEATH plnods OF -WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore Registration Dist. No. Wilson Branch, Md. Village or City Mount Wilson Noth he will be the state of th Length of residence in city or town where death occurred 2 yrs. 7 mos. 18 ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME Robert A. Beer If U. S. Veteran, specify WAR Baltimore, Md. (a) Residence: No. 717 N. Charles (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) November Male White Married 5a. If married, widowed, or divorced HUSBAND of Mayrie Beer I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19 19 35 to November 6 1937 l lest saw him alive on November 6 1937; death is said 6. DATE OF BIRTH (month, day, and year) June 14. certificate. to have occurred on the data stated above, et 4. 06Pm 7. AGE **Years** Months Davs if LESS than 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance 40 or\_\_\_\_min. Date of onset Irade, profession, or particular kind of work done, as SPINNER, Civil Engineer SAWYER, BOOKKEEPER, etc. OCCUPATION of 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ back Pulmonary Tuberculosis 10. Date deceasad lest worked at 11. Totel time (yaars) this occupation (month and yaar) -----Sep-t--spent in this Joknown instructions Othar Contributory Causes of Importance: Baltimore. 12. BIRTHPLACE (city or town) (State or country) Marvland Tuberculous Laryngitis 1928 HER Renal Tuberculosis 13. NAME Eugene H Beer See FAT Baltimore. Nama of operation None Date of 14. BIRTHPLACE (city or town) \_\_\_\_ (State or country) Marvland. Whet test confirmed diagnosis? X-18V. and Was there an autopsy? No Dercle becilli were found in also the following: MOTHER important. 15. MAJOEN NAME Edna Augur. Unknown 16. BIRTHPLACE (city or town) ---(State or country) Virginia Whare did injury occur?\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT Louis R. Schuerholz. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Wilson, Md (Address) 18. BURIAL, CREMATION, OR REMOVAL TION 24. Was disease or injury in any wey related to occupation of decaasad? If so, spacify ... (Signad). Mt. Wilson, Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
N NEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			TANK TO SE	

See instructions on back of certificate.

TION is very important.

state

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(95-2)
			Registration Dist. No. 30
Village or City Catonsville			No. Spring Grove St. Hospital St., Ward
Langth of rasidence in city or town where	daath occurred	yrs 6 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  s. 28 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James 1	Bell		If U. S. Veteran, specify WAR
(a) Residence: No. Galesvil			St., Ward.
PERSONAL AND STATIST			If nonrelident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
male white	OR DIVORCE	D (write the word)	November 30 , 193 7 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of Mrs. James 1			22. I HEREBY CERTIFY, That I attanded decaesed from
	are unknow		May 12
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	August 1	If LESS than	to have occurred on the data stated above, at 8:40 2mm m.
71 3	15	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total t	ima (years) nt in this upation	Other Contributory Causes of Importance:
(State or country)		V. T. CALLEY	
13. NAME James Bell 14. BIRTHPLACE (city or town) (State or country)	Ireland		Nama of operation
15. MAIDEN NAME Katherin	ne Murphy		23. If death was dua to axternal causes (VIOLENCE) fill in also tha following: 200
15. MAIDEN NAME Katherin  16. BIRTHPLACE (city or town)Inc (State or country)	eland		Accident, suicida, or homicide?
17. INFORMANT Hospital reco	ords		(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Infler	12/1,1937	Manner of Injury
19. UNDERTAKER (Address)	Ila	whoh	24. Was disease or injury in any way related to occupation of daceased?
20. FILED	Allen	Registrar.	(Signed) AMAS W. I. J. M. D.  (Address) Spring Grove State Hospital  7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Catonsville, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	il	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHI	RSTATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11655
1. PLACE OF DEATH	23
County Baltimae	Registration Dist. No. 38
Village or City Tawson	No. 7810 Cedas St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Henry James Bentiel	4. 1
	If U. S. Veteran, specify WAR Ma felord
(a) Residence: No. 710 Cholar avg. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  Accounts	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ele stell altuste	22. I HEREBY CERTIFY. That I attended deceased from 1936, to how 14, 1937
6. DATE OF BIRTH (month, day, and year) Dec 22, 1862	I last saw h. 4 aliva on Serv. 14 ,1927; death is said
7. AGE 74 Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5:55 fr.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Interest Decretes SAWYER, BOOKKEEPER, etc.	arfun
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and 5 % spent in this 5 4 % occupation 5 % spent in this 5 4 % occupation	
12. BIRTHPLACE (city or town) (State or country)  4. 54.	Other Contributory Causes of importance: Tuberwless up
13. NAME Sterry James Bentzel	Ollida
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME Rebecca Bruen	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury 19
(State or country) England	Where did Injury occur?
17. INFORMANT Joseph Gleman (Address) 710 Ceda Wz (Towan	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Louden Bulk Dem Date Of 190 17 197	Nature of injury
19. UNDERTAKER That Schilling & Louis Land	24. Was disease or injury in eny way related to occupation of deceased?
M. M. (- a) (14m A.	(Signed) Lyna alvoy M. I
20. FILED 1991 1991 1 10 a con	W. I

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral homorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

RESERVED

ARGIN

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) Towson Md.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	A B	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	CR.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	NOV - h.	3 days ago
		-	30 P 16 1837	/
Other contributory causes of importance:		Other contributory cau	ses of importance:	131.74
Gallstones	May 1,1923	Gastroenteritis	. 8	1 year
			,	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

In Been Blad 127

# STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County undon Length of residence in city or town where death occurred 2. FULL NAME PERSONAL AND STATISTICAL PARTICULARS

**Oeys** 

11. Total time (years) spent in this

occupation \_\_\_

If LES 1 day ....

	Registration Dist. No.
	No. St., Ward I death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs mos ds.
gu	If U. S. Veteran, specify WAR
	St., Ward.  If nonresident give city or town and State
5	MEDICAL CERTIFICATE OF DEATH
WED, word)	21. DATE OF DEATH 9, 193.7, (Month) (Day) (Year)
S thanhrs.	1937; deeth is said to have occurred on the date stated above, at S
	Other Contributory Causes of Importance:  Transport two months of causes of Importance:  Name of operation  What test confirmed diegnosis?  Was there on autopsy?
	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
1937	Manner of injury

24. Was disease or injury in any way releted to occupation of deceased?

PHYSICIANS Every statement Exact FOR BINDING classified. certificate. ARGIN RESERVED back may plnods instructions on so that terms, See CAUSE OF DEATH in plain mation should be carefully very important. TION is

of infor-

item

OCCUPA-

Jo

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTII (month, day, end year)

8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc....

work wes done, as SILK MILL, SAW MILL, BANK, etc.....

this occupation (month and

9. Industry or business in which

40. Date deceased last worked at

14. BIRTHPLACE (city or town) ....

(State or country)

16. BIRTHPLACE (city or town) (State or country

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION. OF

19. UNOERTAKER (Address) 4. COLOR OR RACE

Months

should

If more blanks are needed, address State Registrar, 2411 N. Chaftes Street, Baltimore, Requesting U. S. Nb. 1.

Registrar.

if so, specify

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the state of the s	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	1
May 1,1923	Gastroentcritis	1 year
	10	0)
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

TION is very important. See instructions on back of certificate.

		S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	
1. PL	ACE OF	DEAT	H			(29) BL	
CD	unty		Baltimo	re		Registration Dist. No. 30	
						No. Spring Grove State Hosp. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)	
Ler	igth of raside	enca In cit	y or town whara	death occurred	LO yrs O mos		
2. FU	LL NAM	IE	Anna Bol	th		If U. S. Veteran, specify WAR	
(a)	Residence	: No	416 B	elnord Av (Usual place		St., Ward.  If nonresident give city or town and State	
				ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	ale		or RACE		RRIED, WIDOWED, ED (write the word) CED	21. DATE OF DEATH  November 9, 1937  (Month) (Day) (Yaar)	
5a, If marr	iad, widowed	d, or divor	cad				
(01)	AIFE of		Unknow	n		22. I HEREBY CERTIFY, That I attended deceased from November 2, 19 27, to November 9, 19 37.	
6 DATE O	F RIRTH (m	onth day	and year) NC	vember 3	0 1882	I lest saw h ar alive on November 9, 1937 ; deeth is said	
7. AGE	Years		Months	Days	If LESS than	to have occurred on the date stated above, at 7:50p.m.	
	54		11	10	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z 8. Tr	ada, niofessi	ion, or pa	rticular			- Date of onset	
일 /	SAWYER, E	DOKKEE	PER, etc	Housewi	fe	Streptococcus Peritonitis November, 193	
A So. In	WORK WAS C	iona, as S	ILK MILL,			(Primary focus not determined)	
	Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc				tima (years) ent in this upation	Mesenteric Thromboses November, 1937	
		or town).			ryland	Other Contributory Causes of Importance: Schizophrenia Before 1927	
-			Herzing			2	
I				many	<del></del>	Neme of operatio Exploratory Laparatomy Date o Nova 7.	
¥ 14. DI	(State or c		WII)	many		What test confirmed diagnosis? Clin Anat Was there an autopsy? Yes	
五 15. M/	AIDEN NAM	E	Annie Ha	cker		23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:	
16. BI	15. MAIDEN NAME Annie Hacker 16. BIRTHPLACE (city or town) Germany (State or country)					Accident, suicide, or homicide? No Date of Injury 19 Whera did Injury occur?	
17.INFORMANT Hospital Records (Address)						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  NO	
18. BURIAL, CREMATION, DR REMOVAL Place Mr Cornel Date 11-12 1937				(Dete //-	-/21937	Mannar of Injury	
19. UNDER	TAKER	421	3 5	Paul	M	24. Wes disease or injury In any way releted to occupation of deceased? NO	
20. FILED.	11/10	), I	37 7	A for	Registrar.	(Signed) flu fluite M. D.  (Address) Calveryly and	
			If more	blooks are needed,	address Jate Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis / /	3 days ago
		4	
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1.4	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-\*ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11659
1. PLACE OF DEATH .	
County & glylinge 1	Registration Dist. No.
Village or City Glyndon Outside	NDSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
X I B I D	
2. FULL NAME John ( povert 12ru	If U. S. Veteran, specify WAR
(a) Residence: No. Hymum (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	21. DATE OF DEATH
male white Windowell (write file word)	100- 8 ,1937
5a. If married, widowed, or divorced	(Month) (Day) /(Year)
HUSBAND of la a & Asa	22.   I HEREBY CERTIFY, Thet I attended deceased from
2. 45 3.45	Dec 1 186, 10/192 8 193
6. DATE OF BIRTH (month, day, and year) Warel 19(1878.	l lest sew h / / elive on, 19; deeth is sa
7. AGE Yaers Months Deys If LESS than 1 day,hrs.	to have occurred on tha data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 ormin.	were as follows:
Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Barrens A Dec
Industry or business in which	January 43
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end this occupation (month end this occupation).	
yeer) occupetion occupetion	Other Contributory Causes of Importance:
t2. BIRTHPLACE (city or town) Balb. les,	1 feft
(State or country)	Cacharle - melasius
13. NAME Samuel Jarry.  14. BIRTHPLACE (city or town)	and wir & sung
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What test confirmed diegnosis? Was thera an autopsy?
15. MAIDEN NAME & aray was baugh	23. If death wes due to externel causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME & araly Jury baugh	Accident, suicide, or homicide?, 19, 19, 19, 19
Hand of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Dudie Jun dir. and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Menner of injury
Place ashiring M. E. Con Deta Nov. 10, 1997	Nature of Injury
from Bearing man & Som	24. Wes disease or injury in any way related to pecupation of deceased?
19. UNDERTAKER (Address) Pelis ters town, and	If so, specify
n 12 27 9 D	(Signed) James J. Jaffell A. M.
2D. FILED INV. 16, 193	(Address) Plus les los by mod
Registrar.	1 / / / / / / / / / / / / / / / / / / /

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 14 1937	July 5,1927	Peritonitis	3 days ago
green V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-N. B.—WRITE PI

V. S. No. 1

state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
= =	County Ballo.	Registration plst. No. 30
should of OCC	Village or City Catowille	No. 2 4 Ward Code No. 2 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ins ent	Length of rasidance in city or town whera death occurred yrs	ds. How long in U.S. If of foreign birth?yrsmosds.
PHYSICIANS ict statement	(a) Residence: No. 2 Helliel Rd.	St., Ward.
et B	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exa	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
X A C T L	5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of Darak Curtis Brown	22. I HEREBY CERTIFY. That Lattended deceased from
E C.	6. DATE OF BIRTH (month, day, and year) Sept. 22, 1875	i last saw h.dona. alive on NYU 2,4 ,1937; death is said
stated E properly certificate:	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 4.1.5.2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be st be pr of cel	2 Trade profession or particular	Chris Selvice.
should it may n back	kind of work done, as SPINNER,  kind of work done, as SPINNER,  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Chirie Nephritis "
ET +0 0	O 10. Date deceased last worked at this occupation (month and yaar)	
so	12. BIRTHPLACE (city or town) Satto (Stata or country)	Officer Contributions Causes of importance:  andias Dilonganeoilin Prio 1 mly 17
supplied. n terms, ee instru	13. NAME Curuown	Α.
y sup ain te See	13. NAME CURLOWN  14. BIRTHPLACE (city or town)	Neme of operation
carefully l'H in pla ortant.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
ld be carefully supplied. DEATH in plain terms, y important. See instru	16. BIRTHPLACE (city or town).  (Stete or country)  Maderia	Accident, sulcida, or homicida?
should by OF DE	17. INFORMANT W. Jee with forown (Addrass) 2 Heliual (1)	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
_ 2 4	18. BURIAL, CREMATION, OR DEMOVAL Place 1000 Dally Data Data 27,1937	Manner of Injury
CAUSI TION	19. UNDERTAKER I WOULK & Ta aves.	24. Wes disease or injury in any way related to occupation of deceased?
	20. FILED	(Signed) Surge Wisang M. ( (Addrass) 4000 (Sammaan) (re
	If more blanks for model forms Sive Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis /	3 days ago
			-
		6. 30,	1
Other contributory causes of importance:		Other contributory causes of importance:	9/
Gallstones	May 1,1923	Gastroenteritis	1 year
		· n. /	
			TOTAL TOTAL

ADDITIONAL	LOW	T. O IV TITITIE	STATEMENTS	17 1	T TI T DI CATATA

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Winig

# STATE OF MARYLAND—CERTIFICATE OF DEATH

County Baltimore						(43-C)	27		
						Registration Dist. No.	0		
Villa	ge Dr Cit	Spring	Grove	State	Hospital,	Cathansville Md. St, death occurred in a hospital or institution, give its NAME instead of street and n	Ward		
Lengt	th of reside	nce In city or town	where deeth	occurred	yrs 2 mos	17. ds. How long in U.S. if of foreign birth?yrs	sds		
2. FUL	L NAM	E John	Bruee	ar•	mt.	If U. S. Veteran, specify WAR	1 1 1 1		
		: No. 2324				St., Ward.			
				(Usual place	of abode)	. If nonresident give city or town and	State		
		L AND STA		L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
s. SEX Me	ale	4. COLOR OR RA Whit		SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 8 (Month) (Day)	193.7 (Yeer)		
. If marrie	d, widowed	, or divorced							
(Or) WI	IFE of	Mary E.	Brugge	er	2 11 6 1 5 1	22. I HEREBY CERTIFY. Thet I attended of			
			1.8.1			August 20 , 1936 , to November 8 , 1937			
. DATE OF	BIRTH (m	onth, day, end year	nths Marc	Days	If LESS than	to have occurred on the date stated above, at 4200p.m.	; deeth is sei		
	75				I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
1 & Trac				7	ormin.	were es follows:	Date of onse		
0	kind of wor	on, or particular k dona, as SPINN ODKKEEPER, etc.	IER, Se	lemm		Conilita	3.000		
9. Indu	stry or bu	siness in which ona, as SILK MILI BANK, etc			* * *	Senility before before before	1936-		
				handiz		Conomolized Antonia 1	1.936-		
1	this occupa	last worked at tion (month end	1932	II. Total t	ime (years)25yrs	Squamous Cell Carcinoma of floor	-1.000-		
2. BIRTHPI	LACE (city	or town) Phil	ladelph			Dither Contributory Causes of Importance: of mouth.	1937		
	te or countr	., .,							
13. NAM	ie Unkr	own							
14. BIRT	THPLACE (					Neme of operation			
1		Unknown				What test confirmed diagnosis? Clinical Was there an a			
15. MAI	DEN NAMI	UIKHOWH				23. If death wes due to external causes (VIOLENCE) fill in elso the following:			
16. BIRT	THPLACE ( State or c	city or town)				Accident, suicide, or homicide?NO Dete of Injury, 19			
	COLUMN C	Juliet y )				Where did Injury occur?	(Specify city or town, county and State)		
7. INFORMA	ANT	Hospita	-1Rec	ords		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.		
(Address)  18. BURIAL, CREMATION, OR/REMOVAL //						Manner of Injury			
Place	Gast	Lawn	GCML D	ate Mark,	11. 1937	Neture of injury			
	(	& Sand	les of	11 On	11		No		
19. UNDERT	AKER Iress)	710 Tilee	A AL	200		If so, specify	1 1		
	11/0		21	11	0	(Signed) & Ohu A Muy	alm		
20. FILED	/ 7	, 19_3.7	V	The same			0		

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10. 2.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

B

state

5a. If married, widowad HUSBAND of (er) WIFE of

6. DATE OF BIRTH (me

12. BIRTHPLACE (city of (State or counti

17. INFORMANT

3. SEX

7. AGE

OCCUPATION

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH po 11662
1. PLACE OF DEATH	Registration Dist. No.
Length of residence In city or town where death occurredyrsmos	
(a) Residence: No. 2.829 Breadone and (Usual place of abode)	8 Salberance Red. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 73, 1937 (Month) (Day) (Year)
HUSBAND of for the free Campbell	22. I HEREBY CERTIFY, That I attended doscused from investigated, saucho fined 19
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1970 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, Stephant of Palice	were at ollows: Out a ol onset Out a ol onset
9. Industry or business in which work was done, as SILK MILL, Stell Plank SAW MILL, BANK, etc.	
10. Date dacased last worked et this occupation (month and 751, 73, 1937 spant in this occupation 17	Other Coutributary Causes of importance:
2. BIRTHPLACE (city or town) (State or counkly)	
13. NAME hos Campbell	
14. BIRTHPLACE (city or town) Kuntucky	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Content of the second of the	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?

Where did injury occur?\_\_\_\_\_

16. BIRTHPLACE (c (State or country

(Addrass) REDDEEMER CREMATION, OR REMOVAL 18. BURIAL,

19. UNOERTAKER (Addrass)

Registrar.

24. Was disaase or injury ip any way ralated to occupation of deceased? If so, specify

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

(Addrass)

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Beltimore, Requesting U. S. No. 1.

Natura of Injury

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
-7	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
- Again		
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

hair graph of

# HEALTH DEPARTMENT—CITY OF BALTIMORE

11663

	Lansdonn Baltimore CourGERTIFICAT	E OF DEATH 10
	1. PLACE OF DEATH	Registered No. 42
	CITY OF BALTIMORE: (No 154 Laverne 1)	(If death occurred in a hospital or institution, give its NAME instead
	Length of residence in city or town where death occurred	of street and number.) .mosds, How long in U. S. If of foreign birth?yrsmosds,
1	2. FULL NAME MUSES S CON	1f U. S. Veteran specify WAR.
	(a) Residence: No 54 Laverne Ova	E St.,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
certificate	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) // -/ 9- , 19 3/ 22. I HEREBY CERTIFY, That I attended deceased from
ert	5a. If married, widowed, or divorced HUSBAND of	19 to 1/7 19 19.3.7
90	(or) WIFE of Serve when	I last saw han alive on 11-19- 19-37. Death is said
back	6. DATE OF BIRTH (month, day, year) June 8, 1814	to have occurred on the date stated above, at 2.20m.  The principal cause of death and related causes of
ou p	7. AGE 63 Years Months Days If LESS than 1 dayhrs.	importance were as follows:
	3 ormin.	Notar Munning 11/12/22
tion	8. Seade, profession, or particular kind of work done, as spinner Boiler - maker sawyer, bookkeeper, etc.	
instructions	9. Industry or business in which work was done, as silk milk?	
See ins	saw mill, bank, etc.  No. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
П	12. BIRTHPLACE (city or town) Bolto mel.	210
important.	(Stato or country)	Was an operation performed?Date of
ort	13. NAME MOSES T. Corpren St	For what disease or injury!
imi	11. DIRITRE LACE (City of www.)	What test confirmed diagnosis? Aud Was there an autopsy? Ho
very	(State or country)	23. If death was due to external causes (vloience) fili in also the following:
is v	15. MAIDEN NAME Clen Jost	Aecident, suicide, or homicide?
	16. BIRTHPLACE (city or town) Balts ml	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
ATION	17. INFORMANT Mrs & Provensa	place
UP	(Address) 948 tolling St.	Manner of injury
OCCUP	Place Coudon Pash Date 1/- 23- 137	Nature of injury
0	21. + n	24. Was disease or injury in any way related to occupation of deceased?
	19. UNDERTAKEN Calhoun & Holino Sto	MO If so, specify of A A A A A A A A A A A A A A A A A A
)	20. FILEDAN 22, 1937 Ster Registrar.	(Signed) M. D. (Address) Alatting
14	VS 3	

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Examples: Example I		Example II	
The principal cause of death and relate causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance,	
Gallstones	May 1, 1923	Gastroenteritis	1 year
		5	

County B				Registration Dist. No. 30
Village or City			()(	Stand Hospital) St.,  death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME_ (a) Residence: No				If U. S. Veteran, specify WAR
PERSONAL				MEDICAL CERTIFICATE OF DEATH
S. SEX 4. CO	Volume of the second se		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH NOVember 11th , 193 (Month) (Day) (Ye
Se. If marriad, widowed, or HUSBAND of (or) WIFE of	ay Stone (	Curry		22. I HEREBY CERTIFY, That I attended dacease  Aug 27th, 19. 37., to
6. DATE OF BIRTII (month	1		8th 1867	I last saw h.er aliva on
7. AGE Yeers	Months	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above, at 4:25P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Industry or busines work was done. SAW MILL, BAN 10. Date deceased last this occupation year)	ne, as SPINNER, KEEPER, atc s in which as SILK MILL, K, etc worked at month and 9.31			Senility Prior 19 Generalized arterio sclerosis ** ** Arterio sclerotic heart disease ** Other Contributary Causes of Importence:
14. BIRTHPLACE (city of	_	ter		Nama of operation none Dete of
(State of country	Mary Cris			Whet test confirmed diagnosis?Clinical Was there an aulopsy?
16. BIRTHPLACE (city of Stata or count	r town)y) Pen	na.		23. If death was dua to axternal causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury
(Address)	pital rec	ords		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, C	R REMOVAL	Ceru !	15-1937	Manner of injury
7/	nas He	house	ref &	24. Was disaase or Injury In any wey related to occupation of deceased? NO
19. UNDERTAKEN 200 (Address) 200	07 m	chols	1 ares	if so, spacify

-WRITE PLAINLY,

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

WATH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1	
Other contributory causes of importance:	Helmon E	Other contributory causes of importance:	*
Gallstones	May 1,1923	Gastroenteritis	1 year
			COOK CT

M

(Address)

20. FILED nes

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11665
1. PLACE OF DEATH	(95-2)
County Baltimore	Registration Dist. No. 30
Village or City <u>Catonsville</u> (If	No. Spring Grove St. Hosp. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  17. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William Curtis	If U. S. Veteran, specify WAR
(a) Residence: No. Cockeysville, Maryland (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  5a. If married, widowed, or divorced May Williams Curley	21. DATE OF DEATH November 4 (Month) (Day) (Year)
HUSBAND of Mrs. William Chrtis.  maiden name unknown  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I ettended deceased from October 16 ,19 35, to November 4 ,19 37    last saw h im alive on November 4 ,19 37; death is said
7. AGE Years Months Days If ESS than 1 day,	to have occurred on the dete steted above, at 1:40 me M •  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
B Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Generalized arteriosclerosis ber. 1935 Arteriosclerotic heart disease " " Senility " "
year) Unknown oc:upation Unknown  12. BIRTHPLACE (city or town) Unknown Beekleynalle (State or country)	Dther Contributory Causes of Importance:
13. NAME Unknown William Certi- 14. BIRTHPLACE (city or town). Unknown (State or country)	Name of operationnone
15. MAIDEN NAME Unknown Solling Women.  16. BIRTHPLACE (city or town) Unknown Founding (State or country)  17. INFORMANT Hospital Towards the William Caula (Address)	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIECE PLAN 2, 19.3	Manner of Injury
19 HINDERTAKER (Vm. C Brooks &Sm	24. Was diseese or Injury In eny way related to occupation of deceased?

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of importance were	E Tour Con't I	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 8	July 5,1927	Peritonitis	3 days ago
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Every item of infor-

of OCCUPA-

Exact statement

properly classified.

it may

certificate.

See instructions on back

FATHER

MOTHER

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country

15. MAIDEN NAME

17. INFORMANT (Address) 18. BURIAL, CREMATION

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22-77)
County Ballingone	Registration Dist. No. 30
	ND. St., Ward death occurred in a horpital of institution, give its NAME instead of street and number)
1. 1/1 0/1 1/1	Y ds. Howlong in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Zusthieum Haff	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE AR DIVORCED ("write the word) 5. SINGLE, MARRIED, WIDOWSD) AR DIVORCED ("write the word)	21. DATE OF DEATH  (Month)  (Day)  (Veal)
6. DATE OF BIRTH (month, day, and year) Nov 24 - 1865  7. AGE Years Months Days If LESS than 1 day,hrs.	22. I HEREBY CERTIFY, That I attended deceased from  1937, to 7000 9, 1937  I last saw have alive on 1937; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occurred on the date stated above, at 1927; death is said to have occ
8/ 1/1 / Ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	Cerebral Hemanhage unh
10. Date deceased last worked at this occupation (growth and year)  12. BIRTHPLACE (city or town)  13. Total time (years) spent in this occupation 3. June 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) So Carallina	arteres ocherosis und

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Where did injury occur? .... (Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Nature of injury	
4. Was disease or injury in any way related to occupation of deceased?	lea

If so, specify

Registrar.

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Chronic interstitial nephritis DFC 9 131	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Cereoral Remorriage	100			
The service and all the service and the service are being a service and being a	10101			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Do West, 308 Emylerich aus

BINDING

FOR

RESERVED

ARGIN

V. S. No. 1

Z

STATE OF MARYLAND—CERTIFICATE OF DEATH

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The state of the s		*	Tradjoint -	
Other contributory causes of importance:	74ET	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

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DEC V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11669
1. PLACE OF DEATH	
County Dallo.	Registration Dist. No. 44
Village or City Religewood	No.440/ No.440/ St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
\ //	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME COVER CUSOF DI	YOU If U. S. Veteran, specify WAR None
(a) Residence: No.440/940/Vel Cuc (Ujual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sessie A. Dixor	22. I HEREBY CERTIFY, Thet i attended decessed from  1937 to Novy 4 1937
6. DATE OF BIRTH (month, day, end yeer) Tale 1879	liest saw here elive on Nov 4, 1937; deeth is said
7. AGE Years Month's Deys If LESS than	to heve occurred on the date steted above, et8Fm.
58 3 /24   1 dey,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
Trede, profession, or particular kind of work done, es SPINNER,	1-6+4
SAWYER, BOOKKEEPER, etc.	Cureenousa of Slowneh
work wes done, es SILK MILL, Batte City Parks	
D. Date deceased last worked et this occupetion (month end 1934 II. Total time/yeers) spent in this year)	
131/18	Other Contributory Causes of Importance:
(State or country)	acute cordina fauline 3 deux
13. NAME D. DIYON	
13. NAME  14. BIRTHPLACE (city or town)	Neme of operation
(State of conucty)	Whet test confirmed diagnosis? CP - X - Kay Wes there en eutopsy? w
15. MAIDEN NAME KUCY	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT ALL SECTION (Address) 440 ( ) De Der Cure .	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, GREMATION, OF REMOVAL	Menner of injury
Piece Date Date 193	Nature of injury
19. UNDERTAKER OF CAUSES	24. Was disease or injury in any way related to occupation of deceased?
20. FILED HOV 5, 19 37 Ster Kieffar.	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ja. Arely

See instructions on back of certificate.

TION is very important.

MARGIN RESERVED FOR BINDING

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 52
Village or City Ludbrook Cark	No. Clweden Road St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
911 00 911 0 0	ds. How long in U.S. If of foreign birth?
2. FULL NAME Margaret Lewis Marshall	Quer If U. S. Veteran, specify WAR
(a) Residence: No Calweden Road Suffronk Va	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Sometiments of the solution of the sol	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	A LUEDEDY CERTIES THE LANGE CONTROL OF THE CONTROL
(or) WIFE of Late Condsen Codate Lones	22. Orlow HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) Dec. 25, 1850	I last saw her elive on how 26 - 1937; dasth is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
87 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	ware as follows: Date of one et
kind of work doné, as SPINNER, SAWYER, BOOKKEEPER, etc	Chrome hy as wedels ?
Notes that the second s	Mus Setures ?
SAW MILL, BANK, etc	
9/1.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) MyMua (State or country)	
0 0	- Dulling
Ξ ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Name of operation Novel Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Servelle Was there an autopsy?
# 15. MAIDEN NAME Margaret Lewis.	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Margaret Lewis.	Accident, suicida, or homicide? Data of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Daniel Seywood Hasuelton Je	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL; & Redge loem.	Menner of Injury
Place Allumount Dale Clov 29, 1937	Neture of Injury
19. UNDERTAKED SLAUGH SCUREIUS & Les Cos	24. Was disease or injury in any way related to occupation of deceased? 200
(Address), Oschald 146 Collole By	If so, specify
20 FILED 1/127 19 37 6 6 Nichols	(Signed) to the M.D.
Registrar.	(Addrass) Pollywill med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 2 1337	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Baltingre	Registration Dist. No. 3
Village or Oity White I tall. Ind	No
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred yrsmo	sds. How long in U.S. if of foreign blrth?yrsmosd
2. FULL NAME / Rank J. Bunka	hm
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 193 (Month) (Oay) (Year)
6a. If married, widowad, or divorced HUSBANO of (or) WHE of Jermine Rigney Sunham	22. I HEREBY CERTIFY, Thet I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Seh 12 1856	I last saw h aliva on 200, 19.3.); death is sa
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at/m.
7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work dona, as SPINNER, h A & Social	Date of one
SAWYER, BOOKKEEPER, etc M. Marsler of Soupe	asterio Schrons
work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Cities Conditionary Canaco of Importance.
(State or country) here you	
13. NAME Do hof /hould	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME DE hor / bours	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Jennie Rigney Dunham	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Co. Place Musican Warry. Oate Nov 15, 193)	Manner of injury
19. UNOERTAKER P markland Lange (Address) while Itale. In a	24. Wes disease or injury in any way related to occupation of deceased? 200
20. FILED Mort ( , 1937 m. Bry Ling mi D-	(Signed) Mhay Borhy M.  (Address) While Hall Add

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			1 year

	ADDITIONAL SPACE	E FOR FURTHER	STATEMENTS BY	PHYSICIAN	10.11.1.
Bortree . 01	11438.		0	acc. second	)

stated EXACTLY. PHYSICIANS should state A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS ation should be carefully supplied. AGE should be -WRITE PLAINLY,

V. S. No. 1

Z

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
1	County Dullework	Registration Dist. No. 30
1	Village or City Catousille (If	No. 101 Deeglaside Ove St., Ward death occurred in a hospital of institution, give its NAME instead of street and number)
7	Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Matter Cluitor Du	Marro S. Veteran, specify WAR Mysells .
	(a) Residence: No. / O / Line Library (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write word) OR DIVORCED (write word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
k of certificate.	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.  8. Trade, profession, or particular kind of work done, es SPINNER, Salvier, Bookketeper, etc.  9. Hadustry or business in which work was done, as SILK MILL,  SAW MILL BANK etc.	I last saw h alive on about 19 ; death is seld to have occurred on the date stated above, at a m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of onset  234  234  234  234  234  234  234  23
instructions on back	9. Fadustry or business In which work was done, as SILK MILE, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end) year)  12. BIRTHPLACE (city or town) (State or country)  22. BIRTHPLACE (city or town) (State or country)  23. NAME  24. Aller Laster  25. Aller Laster  26. Aller Laster  26. Aller Laster  27. Aller Laster  28. Aller Laster  29. Fadustry or business In which work with a last in this country occupation.	Other Contributory Causes of Importence:  5 aurus Arod on floor und
		Neme disperetion
See	(State or country)	What test confirmed diagnosis? Healthan Wes there en autopsy? Me
very important.	15. MAIDEN NAME LICE SUILLIOUS  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  (Address)	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Date of Injury
00	Place Dull Hollowing Date 1 Mox. 10., 1937	Manner of injury
TION	19. UNDERTAKER & Caston Sous (Address) elle of tely	24. Was disease or injury In eny wey related to occupation of deceased?
13	20. FILED 900 9 , 1937 marshall B West Registrar.	(Signed) markall B west M.D.  (Address) Caloumalla his

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 45193	1 year
		10	

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

prtant.

TION is very

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

Exact statement of OCCUPA-

	CERTIFICATE OF DEATH	2354
1. PLACE OF DEATH	(95%)	7.5
County O	Registration Dist. No.	
Village or City Feetheevelle	No. Moores & Towns St.,	Ward
/ 7	death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. if of foreign birth?	
(a) Residence: No. Hours & Javron	St Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SER 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write by word)	21. DATE OF DEATH November 30 (Month) (Day)	, 193.7 (Year)
5e. If merriad, widowad or divorced HOSE med of (or) WIFE of  Service O C Chauge	22. I HEREBY CERTIFY. That I attended of Rebrushy 1936 to November 3	lecassed from
6. DATE OF BIRTH (month, day, and yearling 30.9 18478	I last saw h aliva on 11/30 1937	: death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et. 12	
2 Trade profession or particular	were as follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Scale	1887
9 Industry or business in which work was done, as SILK MILL,	Pyloney la Tis . Cant	1925
SAW MILL, BANK, etc.	Hypertension Moderate	Undersuma
10. Date decaased last worked et this occupation (month and year) spant in this occupation	Cardine decompensations	6 1437
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Canses of importence:	1236
13. NAME Oliver Brush		
14. BIRTHPLACE (city or town)	Neme of operation Lystonespic Dete of	1934.
(State of country)	Whet test confirmed diagnosis?	utopsy?/
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following  Accident, suicide, or homicide?	,19
A. INFORMANT GEORGIAN (Address) Superville Mile	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
18. BURIAL CREMATION OR REMOVAL Co Date 3, 1937	Menner of injury	
19. UNDERTAKER Sew Deuf by Jan. (Addrass) Slew Cook, Jan.	24. Was disease or injury In any way releted to occupation of decaased?	no.
20. FILED MAD 30, 1937 William & hil cool Registrar.	(Signad) Luther ville m	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		- S	4
County Dalls	<u> </u>	Registration Dist No.	1.,
Village or City / Jarra	we lant Ma	No. 2326 Marrio font set	Ward
Length of residence in city or town where		death occurred in a hospital or Institution, give its NAME instead of street and it.  ds. How long in U.S. If of foraign birth?	
12 6	1 The Par		73
2. FULL NAME DAST	1 Som in P	If U. S. Veteran, specify WAR	
(a) Residence: No. 232	La place of abode)	SV, 94. Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Final 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (runic tha word)	21. DATE OF DEATH 100 28 (Day)	, 193_(Year)
68. If married, widowed, or divorced HUSBAND of Crimature	: Infint	22. I HEREBY CERTIFY, That I ettended	deceesed from
6. DATE OF BIRTH (month, day, and year)	mr 28-37	I last saw h aliva on	_; deeth is sai
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, atm.	
Sim	o Franchis Sufant	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance wera as follows:	Date of onse
8. Trade, profession, or particular	/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	8200	(1)	-
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Oull form		
10. Data daceasad last worked at this occupation (month and	11. Total time (years)		-
yaar)	odefunction	Othar Contributory Causes of Importance;	-
12. BIRTHPLACE (city or town)	Lyburna b	dillia oparation of the property of the proper	
(State or country)	16 0 900 ×		-
13. NAME COURT FOR	colonis Codenton		
13. NAME (1527)	layerama Co	Name of operation Dete of	
(State of Country)	Al Ca	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)	gues on	23. If death was due to external causes (VIDLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (	hista conf	Accident, suicida, or homicide? Date of injury	, 19
al know	Lular	Where did injury occur?  (Specify city or town, county and State of the County of the	te)
17. INFORMANT (Address) Tarring	Pont, Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	AUE.
18. BURIAL, CREMATION, OR REMOVAL	2	Manner of injury	
Placa January Cor	Date // 07 2 9 , 1937	Nature of injury	
19. UNDERTAKER a ther	0	24. Was disaase or injury in any way related to occupation of daceasad?	
(Address) Aparreyes	Some Road	If so, specify	
20. FILED NOV 29, 1937 4 8	Apolomics hi	(Signad) Cunzya di Ituryi	7M.
	Reportrar	(Address)	1. EMA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
No.	3		
	a remark f		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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HEALTH DEPARTMEN	T-CITY OF BALTIMORE	674
, willing ?	TE OF DEATH	1.3 >
1. PLACE OF DEATH printy	(94%) Registered No.	
CHEST BALTIMORE: (No. 54 Carrelle and	St.,Ward)  (If death or a hospital or give its NAM of street and n	Institution, E instead
Length of residence in city or town where death occurredyrs	.mosds. How long in U. S. If of foreign birth?yrs If U. S. Veteran	mosds.
2. FULL NAME Canona Clica	specify WAR	***********************
(a) Residence: No.5 4 Canville (Usuai place of abode)	St.,Ward	nd State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the, word)	21. DATE OF DEATH (month, day, year) ///2/	. 19.3
male There married	22. July 12 CERTIFY That I strended dece	eased from
5a. If married, widowed, of divorced HUSBAND of Saddue Ellioth	(a - 7 2 oth 27	eath is said
Cot 5-1876	to have occurred on the date stated above, at 270 m.	
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:	Date of enset
I day,hrs.		Date of amor
Z Trade, profession, or particular thind of work done, as spinner,	Coronary thanbases	
sawyer, bookkeeper, etc.		
work was done, as silk mill, saw mill, bank, etc.	Other contributory causes of importance:	
Date deceased last worked at this occupation (month and spent in this occupation	Hypelersen	21/29
12, BIRTHPLACE (city or town) Calterwore	Vanteur sclarous	1/27
(State or country)	Waa an operation performed?————————————————————————————————————	
# 13. NAME John Ellett.	For what disease or injury	************
13. NAME John Click  14. BIRTHPLACE (city or town Pelaud (State or country)	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an autopout 23. If death was due to external causes (violence) fill in all	
15. MAIDEN NAME Referça Johnson	lowing: Accident, suicide, or homicide?	, 19
16. BIRTHPLACE (city or town)	Where did lnjury occur? (Specify city or town, county, a	and Chada)
Was ON Batter	Specify whether injury occurred in industry, in home, or	ln public
(Address) 3022 Barelay SV	place	*************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Jonaine an Date 6 18)	Nature of injury	
19. UNDERTAKER Patril Brown & Son	24. Was disease or injury in any way related to occupation o	f deceased?
20. FILED MAY 3, 193 The first	(Signed) To Sankey	, м. D.
Desistrate.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Examples:

	Example II	
		Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 weck ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1928	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy Run over by street car Peritonitis

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS BY PHYSICIAN
Franklow, tim Ocho	use date of hitchere lette
Tiled water Jankin. 178	138.
	9/

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 550 & 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SAIDEAU V. S.	16		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ACTIVITIES NO DESCRIPTION EN LE PROPERTIES			
	1		

1. PLACE OF DEATH	The second secon
County ( allo.	Registration Dist. No. 38
Village or City Parkville Ma	4
Length of residence in city or town where death occurred fives, most and fives are sent and fives.	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosds.  If U.S. Veteran, Specify WAR
(a) Residence: No. 3002 Du Borse	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RECE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (The word)	21. DATE OF DEATH November 28', 193 7 (Month) (Day) (Yeer)
5a. If married, widowed, or sworcelete (or) WIFE of Johns 6. Fruk	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year Oct . 16 /850	I last sew h. As alive on August 27, 197; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were ex-kellows:
9 Trede profession or perticular	Bernel Ambar Date of conset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (work) and	-
11. Total time (years) this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) Balls. (State or country)	Other Contributory Causes of Importance:
13. NAME (Mam) Metz	My constal digensor
14. BIRTHPLACE (city or town) Survey (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Not Know	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT 740 Darrey Ore;	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Const. Date Dec. 2 ,193/	Menner of Injury
19. UNDERTAKEN Sterney Hochters Sac (Address) Joj C. Eager St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11/29, 1939 a.M. Bacon Registrar.	(Signed) 47 16 Harman Road M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NA REAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ar. Swent	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
· spining (	

AGE should be stated EXACTLY PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11044
1. PLACE OF DEATH	91P BV 2
County Delleworr	Registration Dist. No. 22
Village or City Pulsarelle	NoSt Ward
-mal (If	death occurred in a hospital or institution, give its NAME instead of street and number)
TON L	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CON J FAMILLIA	If U. S. Veteran, specify WAR
(a) Residence: No. 4/15   Jelling Hyrum (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH FOU 24 (Dev) 1937 (Yeer)
5a. If married, widowed, or divorcad	(Month) / (Dey) (Yeer)
(or) WIFE of / atheric Herry teacher	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) + B 20 - 1874	I last sew h; death is seld
7. AGE Years Months Days If LESS then	to have occurred on the data stated ebova, atm.
63 9 4 I dey,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were es follows:
Trade profession or particular	Date of onset
kind of work dona, es SPINNER, Tuaget Orep	Coronaly & Mereboxes
kind of work dona, es SPINNER, July Render of Work dona, es SPINNER, July Render of SAWYER, BOOKKEEPER, etc July Render of SAWYER, etc July Rend	
SAW MILL, BANK, etc	
this occupation (month and year)  spent in this & O occupation  year)	
a at led.	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 3 3 Table Car 14. BIRTHPLACE (city or town) Balls Jack	
I4. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stete of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME La Pray  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes dua to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)  (Steta or country)	Accident, suicide, or homicide?
(Steta of Country)	Whera did Injury occur?(Specify city or town, county and State)
17. INFORMANT Rallien Co Transfeld	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 4/15 (Selver are-	
Please Misson Mark Data nov 27, 1937	Manner of injury
01:01: 0 0	Nature of injury
19. UNDERTAKER / Illam Cickner + Sono (Address) north & Penna area	24. Was diseese or injury in any wey reletad to occupation of deceesed?
20. FILED Avo 24, 137 El hichae Registrar.	(Signed) J. Odward Myers J. P. M. D.  (Address) Realentany acting Coroner
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Non	ar ar ar
	Other contributory causes of importance	> 1
	Other contributory causes of importance.	/ /
May 1,1923	Gastroenteritis	1 year
		100 /
		31
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

Village or City. Catonsyalle.  No. Spring Grove St. Hosps. St. Ward  Ideath occurred in a hopital or institution, give in NAME instead of institution.  Length of residence in city or town where death occurred. B. ys. 4 mes. 28. ds. How long in U.S. If of foreign birth.  2. FULL NAME William H. Gardner  (a) Residence: No. Clestertown, Maryland (Usualphec of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX male   4. COLOR OR RACE   S. SINCEL MARRIDD, WIDOWED, On Burdener White of DR BURGEN Converted in a week)  Single   4. COLOR OR RACE   S. SINCEL MARRIDD, WIDOWED, On Burdener White of On Burdener White On Burdener White of On Burdener White On Burdene	1. PLACE OF DEATH			(138)	4.
2. FULL NAME  William H. Gardner  (a) Residence: No. Chestertown, Maryland  (blust place of shook)  St. Ward.  1. Sylvania (Chest place)  Medical Certificate of peath  Mit U. S. Veteran, specify WAR.  St. Ward.  MEDICAL CERTIFICATE OF DEATH  Movember 4.  1. DATE OF DEATH  November 4.  1. DATE OF DEATH  November 4.  1. DATE OF BIRTH (month, day, and year)  May 12, 1898  T. AGE  Years  39  May 12, 1898  T. TAGE years  Months  39  May 12, 1898  T. TAGE years  Months  39  May 12, 1898  T. TAGE years  Months  Solve years  Solve years  Solve years  Months  Solve years  Months  Solve years  Months  Solve years  Months  Solve years  Solve ye	County Baltimore			Registration	Dist. No. 30
2. FULL NAME  William H. Gardner  (a) Residence: No. Chestertown, Maryland  (blust place of shook)  St. Ward.  1. Sylvania (Chest place)  Medical Certificate of peath  Mit U. S. Veteran, specify WAR.  St. Ward.  MEDICAL CERTIFICATE OF DEATH  Movember 4.  1. DATE OF DEATH  November 4.  1. DATE OF DEATH  November 4.  1. DATE OF BIRTH (month, day, and year)  May 12, 1898  T. AGE  Years  39  May 12, 1898  T. TAGE years  Months  39  May 12, 1898  T. TAGE years  Months  39  May 12, 1898  T. TAGE years  Months  Solve years  Solve years  Solve years  Months  Solve years  Months  Solve years  Months  Solve years  Months  Solve years  Solve ye	Village or City Catonsvill	le		No. Spring Grove St. Hos	p. St., Ward
(a) Residence: No. Chestertown, Maryland (Chesiphece of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	Length of residence In city or town where	deeth occurred	(16 8yrs,4mos	death occurred in a hospital or institution, give its NAME is 28ds. How long in U.S. If of foreign birth?	instead of street and number)yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX male	2. FULL NAME William	H. Gardn	er	If U. S. Veteran, specify WAR	***********************
1. SEX male White S. SINGLE MARRIED, WIDOWED SINGLY (Month) (Day)  1. Il married, widowed, or divorced (cr) wife of Copy W	(a) Residence: No. Chester			St.,WardIf nonresident	give city or town and State
male white OR DivorceD (which word)  Single  Se. If married, widowed, or divorced (Month)  HUSSAND or HUSBAND or (Pro) Wife of Husband or (Pro) Wi	PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE	OF DEATH
6. DATE OF BIRTH (month, day, and year) May 12, 1898  7. AGE Years Months 39		OR DIVORCE	D (write the word)	November 4	(Dev) (Year)
6. DATE OF BIRTH (month, day, and year) May 12, 1898 7. AGE Years Months Days ItlESS than 1 day,	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIF	Y, That I attended deceased from
Second profession, or particular   Second profession   Second profession, or particular   Second profession   Second pr	6. DATE OF BIRTH (month, day, and year)	May 12, 1	898		
Schi zophrenia before 1929  Schi zophrenia before 1929  Schi zophrenia before 1929  Pyelonephritis Sap 1937  Abscess of right kidney  Industry or business in which worked at this occupation (month end year)  10. Date deceased lest worked at this occupation (month end year)  12. BIRTHPLACE (city or town)  (State or country)  State or country)  What test confirmed diagnosis? Clinical and was there en europsy? Yeing 15. MAIDEN NAME Rebecca Solloway  15. MAIDEN NAME Rebecca Solloway  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis? Clinical and was there en europsy? Yeing 16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis? Clinical and was there en europsy? Yeing 16. BIRTHPLACE (city or town)  (State or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Whence of injury  Nature of injury  19. Unknown  (Address)  Prelonephritis Sap 1937  Abscess of right kidney  (mixed infection, strep, and on the country of the contributed infection, strep, and on the country of the count			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause	es of Importence
Other Coatributory Clauses of Importance:  12. BIRTHPLACE (city or town). Kent Island, Maryland (State or country)  13. NAME George A. Gardner  14. BIRTHPLACE (city or town). Unknown  (State or country)  15. MAIDEN NAME Rebecca Solloway  16. BIRTHPLACE (city or town). Unknown  (State or country)  17. INFORMANT. Hospital records  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  (Address)  19. UNDERTAKER Company occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed Address)  20. FILED. 19. And Address Spring Grove State Hospital  Maryland  Other Coatributory Clauses of Importance:  Other Coatributory Clauses of I	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	farmer		Schi zophrenia	before 1929
Other Coatributory Clauses of Importance:  12. BIRTHPLACE (city or town). Kent Island, Maryland (State or country)  13. NAME George A. Gardner  14. BIRTHPLACE (city or town). Unknown  (State or country)  15. MAIDEN NAME Rebecca Solloway  16. BIRTHPLACE (city or town). Unknown  (State or country)  17. INFORMANT. Hospital records  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  (Address)  19. UNDERTAKER Company occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed Address)  20. FILED. 19. And Address Spring Grove State Hospital  Maryland  Other Coatributory Clauses of Importance:  Other Coatributory Clauses of I	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Pyelonephritis  Abscess of right kidne	Sept.1937
13. NAME GOOT & A. Gardner  14. BIRTHPLACE (city or town). Unknown (State or country)  15. MAIDEN NAME Rebecca Solloway  16. BIRTHPLACE (city or town). Unknown (State or country)  17. INFORMANT Hospital records (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED 16. FILED 17. Spring Grove State Hospital  21. Information of operation. none Date of	year) 2 1929  12. BfRTHPLACE (city or town) Kent	sp:	ent in this cupation	(mixed infection, s staphlococci) Other Contributory Chases of Importance:	trep. and
What test confirmed diagnosis? CATILICAT ALLO Was there en eu'opsy? CATILICAT ALLO WA	1	iner			
What test confirmed diagnosis? CATILOGIA atto Was there en eu'opsy? Canal Domical  15. MAIDEN NAME Rebecca Solloway  16. BIRTHPLACE (city or town) Unknown (State or country)  17. INFORMANT Hospital records (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED Registrar.  What test confirmed diagnosis? CATILOGIA atto Was there en eu'opsy? Canal Registrar.  21. INFORMANT Latt Was there en eu'opsy? Canal Registrar.  22. If death was due to external causes (VIOLENCE) fill In also the following: no Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nature of Injury  19. UNDERTAKER (Address)  24. Was disease or Injury In any way related to occupation of deceased? no (Signed)  (Signed)  (Address)  Spring Grove State Hospital	14. BIRTHPLACE (city or town)			Name of operation none	Date of
Specify city or town, county and State)	(State of country)	Colloway		20402 ROME TO 1	
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place	16. BIRTHPLACE (city or town)	- W		Accident, suicide, or homicide?	Dete of Injury, 19
Place   Date   193   Nature of Injury    19. UNDERTAKER   Strain	17. INFURMANT	ords		(Specify city or Specify whether injury occurred In INDUSTRY, In HO	town, county and State) ME, or in PUBLIC PLACE.
20. FILED // 6 37 Registrar.  If so, specify (Signed) MILL M. D.  (Address) Spring Grove State Hospital	(1 4 . W	Len /	1-6,1927		
20. FILED (Address) Spring Grove State Hospital		Ila	word	24. Was disease or Injury In any way related to occup.  If so, specify	ation of deceased?no
If more blanks are negled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Catonsville. Md.	16 37	When the	and the same of th	(Address) Spring Grove	State Hospital

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	fi	Example II	43	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	HER STATEMENTS	BY	PHYSICIAN
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oRD. Every item of infor-PHYSICIANS should state -Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11679
1. PLACE OF DEATH,	82-2
County Callemore	Registration Dist. No.
Village or City Orkerville	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(a) Projection No Professional Part (1)	Mr. Same
(a) Residence: No (The smill (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Timale  White Name OR Divorced (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Par)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. C. Jay	22. 6 / HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Febr. 8-1888	liast saw h. 27 elive on 6/20/1937 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, a 2.30 A m.
49 9 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Houseurfe SAWYER, BOOKKEEPER, etc.	Cerelesal Dagesca 2 please
A. Trade, profession, or particular kind of work done, as SPINNER, Accuracy SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked et this concastion (month and this concastion	Ills devation &
O 10. Oate deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Ballo.	Other Contributory Causes of importance:
(State or country) Md.	Serulianos orlares
13. NAME Frederick Minder	/ as was healing lest 15 in
13. NAME Frederich Minder  14. BIRTHPLACE (city or town) Germany  (State or country)	Name of operation
15. MAIDEN NAME Mary Richard	23. If death was due to external causes (VIOL FRICE) fill in also the following:
15. MAIDEN NAME Mary Richard  16. BIRTHPLACE (city or town) Germany  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Large A. C. Gay (Address) Pakisnille A.K.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL Place Part Lawn Can Date for 24 19 7	Manner of injury
19. UNDERTAKER John A. Maller	Nature of injury  24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 1/27/37, 19 &6 Milhals Registrar.	(Signed) (Address) (Addres

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ':	1915	Attack of cpilcpsy	1 week ago
Chronic interstitial nephritis DEC 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 4 2 N V. D.			
Annual Contraction of the Contra			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state OCCUPA-

pluods

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1. PLACE

19 0001					11000
S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	11680
PLACE OF DEA	TH			93.0	20
County	Zaltim	are		Registration Dist. No.	20
Village or City	Sour	B R	FO*6	No. St., death occurred in a hospital or institution, give its NAME instead of street an	Ward ward
Length of residence in o	city or town where de	ath occurred		ds. How long In U.S. if of foreign birth?yrs	
FULL NAME (a) Residence: No.	Genol	Col Gradian	1 0	If U. S. Veteran, specify WAR	
PERSONAL AN	ND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
0	OR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Mov. 206	
narried, widowed, or div USBAND of or) WIFE of	orced adie V	Gent	(nes Sorim)	22. I HEREBY CERTIFY, That I attend  22. 1937, to Nov 20 h	
E OF BIRTH (month, da	ay, end yeer)	ray 20	,1878	I lest saw h Lon elive on Nov 175 ,195	
Yeers	Months	Days	If LESS than	to heve occurred on the dete steted above, at 12.50 m.	
59	5	_	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	Oate of onset
liade, profession, or p kind of work done SAWYER BOOKKE	, es SPINNER,	ssista	of Enger	Chrone mesocracus	7 3000

2. FULL NA (a) Reside PERSO 3. SEX 5e. If married, wide HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE Trade, pro OCCUPATION kind of 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... back 10. Dete deceesed lest worked et no 11. Total time (years) spent in this this occupation (month and occupetion 12 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) .... (State or country) MOTHER is very important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of Injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT 18, BURIAL, CREMATION, OR REMOVAL Menner of injury TION Nature of Injury 24. Wes disease or injury In any wey releted to occupetion of deceesed?\_\_\_\_\_ 19. UNOERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	3	Example II	
The principal ca of importance we	use of death and related causes ere as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE WALL V. S	1915	Attack of epilepsy	1 week ago
Chronic interstitial	nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhag	e	July 5, 1927	Peritonitis	3 days ago
	WEIVED,			
	ry causes of importance:		Other contributory causes of importance:	
Gallstones	I SHENNIN V G	May 1,1923	Gastroenteritis	1 year
	and the second s			

BINDING

FOR

ARGIN RESERVED

state

	/ 5	STATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	1691
1.	PLACE OF DE	0			<u></u>	
	County 2	ellu	we		Registration Dist. No. 4	
	Village or City	Lan	Rdl	ruru	No. Monumental Ave. /st,	Ward
	Length of residence in	city or town where deat	h occurred 5	$\wedge$	death occurred in a hospital or institution, give its NAME instead of street and nurds. How long In U.S. if of foreign birth?yrsmos.	
. 2	FILL NAME	anel	a C	to	If U. S. Veteran, specify WAR	
1	(a) Residence: No.	money		18,0 Q	U St. Ward.	
	(a) nesidence. No.		(Usual place	Pe - percent	If nonresident give city or town and St	ate
_		ND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
S. S	ex de 4. coi	or or race 5.	OR DIVORCE	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH WY 14	93_7
ia.	If married, widowed, or di	vorced	na	ones !	(Month) (Oay)	(Year)
	(or) WIFE of Fran	k Getz			22. I HEREBY CERTIFY That I attended de	ceased from
5. E	DATE OF BIRTH (month,	day, and year) Apr	il 1.	1861.	last saw all alive on her 13, 1937;	death is sai
	GE 76 Years	Months	Oays	If LESS than	to have occurred on the date stated above, atm.	
	10		10	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
5	8. Trade, profession, or kind of work don	particular e, as SPINNER, HOIL EEPER, etc. HOIL	Cowi-Co	Mindus 1	Mujocardels Ch.	3
LAI	SAWYER, BOOKK 9. Industry or business work was done, a		BENTTE		negunite Ch.	
5	work was done, a SAW MILL, BANI	s SILK MILL, C, etc				
3	10. Oate deceased last v this occupation (r	nonth and	spe	ime (years) ntin this		
_	year)		_   000	u pation	Other Contributory Causes of importance:	m 4 -
2.	BIRTHPLACE (city or tow (State or country)	n)Aus	vria		Catarrhal tever	Jet 4
2	13. NAME	Fra	nk Hel	choch	Planette Diales	Hoto
		A			Name of operationOate of	
	14. BIRTHPLACE (city or (State or country		tria		What test confirmed diagnosis? Chinical Was there an aut	opsy? L
110	15. MAIDEN NAME	Unk	nown	Unications	23. If death was due to external causes (VIOLENCE) fill in also the following:	
200	16. BIRTHPLACE (city or	town)			Accident, suicide, or homicide?	, 19
E	(State or country	) Un k	noim		Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT Marie (Address) 10 num		. Lans	downe	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OF	REMOVAL	X	4	Manner of injury	
	Place Landan	Park	Oate 2/OV	16.,19/15	Nature of injury	/
19.	UNOERTAKER (Address) 101	United S	y lu	BRO	24. Was disease or injury in any way related to occupation of deceased?	10
	11	100 - RI	N	- 1	(Signed) Maurence Wheel	enm
20.	FIFTEN J	137 The	Ties	Registrar.	(Address) 2910/tolluis Ferry	RA
		If more bla	inks are needed,	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1/Salls	lud

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		I Dan I	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIANOV 19 1937
	BULLET

state of OCCUPAoRD. Every item of infor-PHYSICIANS should Exact statement UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

V. S. No. 1

1. PLACE OF BEATH	\$2.00 BEATH 11682
County Gallen ore	Registration Dist. No. 3 a
Village or Cit Gator ville	ND Hasless T da Jayelless Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth? 3 4 yrsmosds.
2. FULL NAME adam Jush	If U. S. Veteran, specify WAR
(a) Residence: No Varlesse + of a fayethe (Usual place of a body)	Ward.  Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Kor 34 , 193 )  (Month) (Day) (fear)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Barbara Eick	22. I HEREBY CERTIFY, That I attended decessed from  1 1937, to 1927
6 DATE OF RIPTH (month day and year June 6 1861	1 last saw have alive on 1937, to 1937; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at
56 5 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
& Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Hemorhoge Nov. 2-
9.4 ndustry or business in which work was done, as SILK MILL,	I I
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9.4ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	alero Solerosio Mul
E 13. NAME Not I nown	
13. NAME AT A NAME  14. BIRTHPLACE (city or town)	Name of operation Dete ol
(State of country)	What test confirmed diagnosis? Physical Was there an autopsy?
15. MAIDEN NAME of a genet quicker of town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Clemany	Where did injury occur? (Specify city or town, county and State)
17. INFORMATION OF CARE CARE (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
The ache shal leave 178,1937	Nature of Injury
19. UNDERTAKE LODGE a Fally Charles	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify  (Signed) marshall Blood M.D.
20. FILED Dee 1 , 192) Marshall (3 West Registrar.	(Address) Catousville Ind

STATE OF MARYI AND-CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING FION is very important. See instructions on back of certificate. TARGIN RESERVED WRITE PLAINLY, WITH

V. S. No. 1

STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH	1683
004111	Balto		Registration Dist. No. 4	2
Village or City Englis	by.		No.  f death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME	an Goh	ling kor	s. ds. How long in U.S. if of foreign birth? yrs. n  If U.S. Veteran, specify WAR 26 Reco	
(a) Residence: No. Comple	(Usual place		Ward.  If nonresident give eity or town and	d State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nov /3 12 (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	~~	-	22. LIHEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	True 2nd	1862	I last saw h   alive on   193   , to   2     195	, 190/ ; death Is said
7. AGE Years Months	Oays	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows,	
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Care	en	Circlinal Jenusluge	Octo of onset
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	2000		paralyers agerans.	Lugear
10 Date deceased last worked at this occupation (month and year)	2 / spei	ime (years) nt in this 2 upation		
12. BIRTHPLACE (city or town) (State or country)	innatti	Okio	Other Contributory Causes of Importance:	
13. NAME Henry Gok	ling has	st		
(State or country)		many	Name of operation Date of What test confirmed diagnosis walk case Was there an	autopsy? 20
15. MAIDEN NAME Margared  16. BIRTHPLACE (city or town)	Mol	len	23. If death was due to external causes (VIOLENCE) fill In also the followin Accident, suicide, or homicide? Date of Injury	
- (Stata or country)		carry	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Mrs albert (Addressea a polis Re	Englis	h Consul	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place	Date Nov	16 1937	Manner of injury	
19. UNOERTAKER U= Coo (Address) 1217 S	K. Paul	? 5%	24. Was disease or Injury In any way related to occupation of deceased?	no
20. FILMS , 137 %	lestie	Registrar.	(Signed) P. O. Selling France	us Bel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 2 1977			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or-	ate	-W	
	inf	1 st	CUP	
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT-RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ite	20	Jo :	
	very	IAN	ment	
	D. E	SIC	tate	
	COR	PHY	ict s	
	EB.	Γ.	Exa	
5	ENT	LL	ed.	
	AN	AC	ssif	
Š.	ERM	EX	cla	e.
조 -	A P	ed	erly	ficat
ARGIN RESERVED FOR BINDING	IS	stat	pro	certi
ED	HIS	be	pe	Jo
K.	LI	pluo	may	back
式 対	INK	E sh	t it	no
X	NG	AG]	tha	ions
	IQV,	ed.	S, SC	truct
AR(	UNF	ilqqı	term	inst
0	H	y su	ain	See
	WIT	lln Je	in pl	int.
	LY,	care	TH i	orta
	E	l be	)EA	imi
1	PL	onlo	)F I	very
	TTE	n sl	SE (	Is Is
-	WR	natio	DVC	TION is very important. See instructions on back of certificate.
V. S. No. 1	B.—	-	1	1
. S	ż	1	1	1)

V. S. No. 1

1. PLACE OF DEATH		90	11684
County Ballo		Registration Dist. No.	0
Village or City Iswusou		No. St.	War
Village of City of Park Control	(If de	eath occurred in a hospital or institution, give its NAME instead of street a	
Langth of residence in city or town where death occurredyrs	mos	ds. How long In U.S. if of foreign birth?yrs	mosd
2. FULL NAME CAMPLE Loca	441	2If U. S. Veteran, specify WAR	,
(a) Residence: No. 120 & Alle	Cess!	est be was it	
(Usual place of abode)		If nonresident give city or town	
PERSONAL AND STATISTICAL PARTICULA	15	MEDICAL CERTIFICATE OF DEAT	Н
SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WILL  Essell Colored Figure		21. DATE OF DEATH November 7  (Month) (Ddy)	, 193 7 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2	22. I HEREBY CERTIFY, That latter  10 - 27 - 1937 to 14 - 7 -	ded deceased fro
DATE OF BIRTH (month, day, and year) / Mohore		I last saw h Dac alive on L1-6 - 193	7 death is sa
		to have occurred on the date stated above, at 11:15m.	
Wout 90 Iday,	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular		ware as follows:  Myo Can ditts	Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			1000
9. In distry or business in which work was dona, as SILK MILL,			
SAW MILL, BANK, etc			
tins occupation (month and	)		
yaar) occupation		Other Cantributary Causes of Importance:	
BIRTHPLACE (city or town)		honghown	
(Stata or country)	-		
14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)	7	Name of operationDate	of
(State or country)	<u>~</u>	What test confirmed diagnosis? Dags Cal Samuela Was there	an autopsy?_?
15. MAIOEN NAME ALAW DOORS	1	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19:
(State or country)		Where did injury occur?	10
7. INFORMANT GALLEY HOLES	n/	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC	PLACE.
B. BURIAL CREMATION, OF REMOVAL		Manner of Injury	ja.
eperheurale Cempat y y	1.193	Nature of Injury	
9. UNDERTOKER A SELECTION OF THE SELECTI		24. Was disease or injury In any way related to occupation of deceased	7 mo
O. FILES/1915) Maller Mylor.	nme	Marghed) Frank A aunders	D M
	Registrar.	(Address) - [ ] - M Address N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
DEC 6 1937		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

state

1. PLACE OF DEATH	95-20
County Ballo	Registration Dist. No. 32
Village or City Hordensburg	NoSt.,Ward
1 0	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 ' b /	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Merica Haga	If U. S. Veteran, specify WAR.
(a) Residence: No. Woodenstudy	St., Ward.
(Usualphree of about	the state of the s
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, W	
Finale White Maried	
5a. If merried, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY, That I ettended decassed from
(or) WIFE of locach . Haga	7/26 1937, to 1//7 1937.
6. DATE OF BIRTH (month, dey, and yeer) My sach 23	1880   I last sew her aliva on 9/25 ,1937; daeth is said
	LESS then to heve occurred on the dete stated above, at
	y,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Treda, profession, or perticuler kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc.	Hypertensive E-V. Disease 1935
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Jedustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed lest worked at this occupation (month and	
TO. Dete decessed lest worked at this occupation (month and yeer) occupation occupation.	is ·
m. H l l	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / WWW (June 1997) (State or country)	
E 13. NAME Itm Foster	
I II. KINIL DAY TO DOOD	744-4
14. BIRTHPLACE (city or town) Morth Carolena (Stete or country)	Name of operation
Ξ	23. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
(Steta or country)	Whara did Injury occur? Zaru-
En la Hann	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Mount of Language Man d	Specify whether injury occurred in Moustki, in nome, or in robell Place.
(Address) Moodletsburgs Md  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ridge Church Cow. Date Mr. 9	, 1937. Natura of Injury hone.
1 F Planes La	24. Wes disease or injury in eny wey related to occupation of deceased?
19. UNDERTAKER (Address) Dustristown Md	If so, specify
(Audioss) / ferransion / P	(Signed) D. D. Carles M. D.
20. FILED / LOV 9, 19 3 / 1. 4WE TIT	Men Resisters In 1

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Example 1		Example II	
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Arteriosclérosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUILDING V. S.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE STATE OF

BINDING

FOR

MARGIN RESERVED

S. No. 1

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*	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 N. B.—

/ / 2 //	75)
	Registration Dist. No.
Village or City Thomas Vous, Red.	NoSt.,W
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1/2 /- 1/100	nosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME FULLY Wall	If U. S. Veteran, specify WAR
(a) Residence No From 42 - 10051 Wheel - 5]	anstrum Work rent, hed
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (qurite the word)	21. DATE OF DEATH
male offred married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I ettended deceesed f
(or) WIFE of Isace Hel	
Maka 10192	i fest saw h slive on 19 ; death is
6. DATE OF BfRTH (month, dey, and year)  7. AGE Years Months Deys If LESS then	
45 1892 OF 8 17 1dey,hr	
ormin,	wera as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, Lehon SAWYER, BOOKKEPER, etc.	1-10-0-0
- In the booksetter, etc.	- Ucule alcartism
2 Industry or business in which work was done, as SILK MILL Bellblehen Steel	
U 10. Date deceased lest worked et 11. Total time (years)	
O this occupetion (month end spent in this occupetion occupetion	
	Other Contributory Causes of Importance:
t2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Virginia	Other Contributory Causes of Importance:
(Stete or country) Virginia  13. NAME Virginia	
(Stete or country)  23. NAME  13. NAME  14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town) 11. (State or country)	Neme of operation Dete of What test confirmed diagnosis? Was there en autopay?
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town) surround  (State or country)  15. MAIDEN NAME uncomm	Neme of operation
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town) 11. (State or country)  15. MAIDEN NAME 11. Characteristics of the country of the	Neme of operation Dete of What test confirmed diagnosis? Was there en autopey? 23. If death was due to external causes (VIQLENCE) fill in also the following:
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town) surround  (State or country)  15. MAIDEN NAME uncomm	Neme of operation Dete of
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town) 11. (State or country)  15. MAIDEN NAME 11. Characteristics of the country of the	Neme of operation Dete of
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  (Stete or country)  17. INFORMANT  (Addrass)  (Addrass)	Neme of operation
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town) when the country (State or country)  15. MAIDEN NAME when the country (Stete or country)  16. BIRTHPLACE (city or town) when the country (Stete or country)  17. INFORMANT was half all (Address) when the country (Address) when the c	Neme of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIQLENCE) fill fin also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, downty and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  (Stete or country)  17. INFORMANT  (Addrass)  (Addrass)	Neme of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIQLENCE) fill fin also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, downty and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town) LINGUIN  (State or country)  15. MAIDEN NAME LINGUIN  (Stete or country)  17. INFORMANT  (Addrass)  18. BURIAL, CRÉMATION, OR REMOVAL  Place  Place  MATTION  1937	Neme of operation
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town) when the country (State or country)  15. MAIDEN NAME when the country (Stete or country)  16. BIRTHPLACE (city or town) when the country (Stete or country)  17. INFORMANT was half all (Address) when the country (Address) when the c	Neme of operation
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKEE  19. UNDERTAKEE  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKEE  19. UNDERTAKEE  19. UNDERTAKEE  19. UNDERTAKEE  10. STEPPING	Neme of operation

11687

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
7,		
. 1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
1		
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:

9	LINESCOTT OF STREET		
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FARGIN RESERVED FOR BINDING

V. S. No. 1

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of OCCUPA	terms, so that it may be properly classified. Exact statement of OCCUPA	classified.	properly	pe	it may	so that	terms,
should state	supplied. AGE should be stated EXACTEY. PHYSICIANS should state	EXACTEY	stated	pe	plnous	AGE	supplied.
item of infor	UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	ERMANENT	IS A P.	HIS	NK-T	ING	UNFAL

ST	ATF	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
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1. PLACE OF DEATH	(2092)
County Balla	Registration Dist. No. 30
Village Dr City Catonaulle	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
40	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME marie Ballen Hall	
(a) Residence: No. Ollow (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  Colored  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Grandle	21. DATE OF DEATH  /2 , 193 / (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 1	, 19, to, 19,
6. DATE OF BIRTH (month, dey, end year)  7. AGE Years Months Devs I If LESS then	I last saw halive on
1 Idou her	to heve occurred on the dete stated ebove, atP_m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
38 - 14 rues - mis.	were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Comfound Commensated Frontiere Door
	of Left when half of skull 12
9. Industry or business in which work wes done, as SILK MILL, Privale Family SAW MILL, BANK, etc.	Flactive of both Humerous reflex Ends 1827
10. Dete decessed lest worked at this occupation (month and year) 12-37   11. Totel time (years) spant In this occupation	Declined Wight Les
12. BIRTHPLACE (city or town) The Sellae (State or country)	Other Contributory Causes of Importence:
	on the wholes
13. NAME Calel Hall  14. BIRTHPLACE (city or town) ml Ilbae	Run Din Co
4. BIRTHPLACE (city or town) The Sulbal (State or country)	Neme of operation Dete of
	Whet test confirmed diegnosis? Was there an au'opsy?_^
15. MAIDEN NAME Jeanett Lausen	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jeanett Lauren  16. BIRTHPLACE (city or town) Loudon Co	Accident, suicide, or homicide? Accident. Date of injury 405 12, 1937.
₹ (Stete or country)	Where did Injury occur? Character (Specify city or town, county and State)
17. INFORMANT Turs Hale (Address) Oella Tural	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Street Can Street
18. BURIAL, CREMATION, OR REMOVAL  Plece LL Sullace Com. Date Lave 16, 1937	Menner of injury Run over by Electing Carl Nature of injury Head Churched
19. UNDERTAKER Katte R Williams St. (Address) 322 h Schweeler St.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED hero 13, 1937 Marshall Block Registrar.	(Signed) marslald B west M.D.  (Address) Catomulle hol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The same of the sa	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	DEC 2 1937	July 5,1927	Peritonitis	3 days ago
	7. C.			
Other contributory c	eauses of importance:	11113	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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ORD. Exact RESERVED may pluods that MARGIN plain efully .5 DEATH pe

BINDING

7. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Registration Dist. No. Village or City Me (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred How long In U.S. if of foraign birth? \_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds. statement PHYSICIAN If U. S. Veteran, specify WAR. (a) Residence: No. Near Own (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Month Days If LESS than 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trade, profassion, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date decaased last worked at 11. Total time (yaars) spent in this on this occupation (month and year) occupation \_\_\_\_ instructions 12. BIRTHPLACE (city or town). (Stata or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town)\_ (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury AUSE Nature of Injury LION 24. Was disease or injury in any way related to occupation of decaasad?\_\_ (Addrass) If so, specify

\_St.,\_\_\_Ward

(Day)

f more blanks are needed, address State Registrar.	2411 N. Charles Street, Raltimore Requesting 9)	S. No x

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
gain and			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones NOV 5 1937	May 1,1923	Gastroenteritis	1 year
PARTITION OF THE PARTIT			

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	1. PLACE OF DEATH	IE OF	MAR	YLAND—	CERTIFICATE	OF DEA	IH 1	1690	
	County // Jally	nice	p			Registration D	ist. No. 44	2	
1	Village or City 1360 Length of residence in city or toy	on where dead	fishe	(1)	No Rettentive Col St. W.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long In U.S. if of foreign birth?yrsmos.				
	le.	u ele	1	( - 1 )	O <sub>A</sub>	or foreign birth:	\$12	nosa:	
1		Rell	ulus						
	(a) Residence: No. 1.211	July	(Usual place		C St., Ward.	lf nonresident g	ive city or town an	d State	
	PERSONAL AND ST	ATISTICA	AL PARTI	CULARS	MEDICAL C	ERTIFICATE			
3.	male whi		OR DIVORCE	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH	1) w (Month)	29 (Day)	., 193 7	
5a	. If married, widowed, or divorced HUSBAND of		,	7				(Year)	
	(or) WIFE of Jour	re	/&	err.	1 HEREBY	Y CERTIFY		deceased from	
6.	DATE OF BIRTH (month, day, and ye	ar) Celi	127	1880	I last saw hat alive on	, 40	28 1925	· doath is eal	
		onths	Days	If LESS than	to have occurred on the date state			, 00001113 341	
	57	2	2	I day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related causes	of Importance	1	
Z	8. Trade, profession, or particular kind of work done, as SPIN	NER. T	1		John h	mann	will	Date of onse	
ATION	kind of work done, as SPIN SAWYER, BOOKKEEPER, etc	07.60	rema	us	-	************			
9. Andustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc		11 gene	eal E	hetricco	V				
000	D. Date deceased last worked at this occupation (month and year)	925	11. Total t	ime (years) nt in this /0 4 / s					
		12 ,	10	pation 2.2.	Other Contributory Causes of impo	ortance:			
12.	. BIRTHPLACE (city or town) (State or country)	v.a. a	much	\$ to	Wente July	daleur	7	Ile:	
HER	13. NAME GLORY.	160	W/		) oe ast				
FATH	14. BIRTHPLACE (city or town)	Bullians			Name of operation		Date of		
_	(State or country)	V	med	1	What test confirmed diagnosis?	m 11.	Was there an	autoney? Lec	
HER	15. MAIDEN NAME	Knie	un 1		23. If death was due to external cau				
MOT	16. BIRTHPLACE (city or town)				Accident, suicide, or homicide?			0	
Σ	(Stete or country)	cull	run	,	Where did injury occur?				
17.	INFORMANT Server (Address) 1787 Re	teche	r. fr	ere'	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.				
18.	BURIAL, CREMACION OR KEMOVAL	1-		1. 47	Manner of injury				
	Place UNWE	<i>t</i>	Date 1.2	11.01	Nature of injury				
19.	UNDERTAKER Galway (Address) 2359	was	Tout	flod	24. Was disease or injury In any w	vay related to occupat	ion of deceesed?		
20.	FILED 100 19, 1937	Les	My	Registrar.	(Signed) 20 2 (Address) 2 7 0	Il cem	to Levy	Rd.	
		If more blank	ks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Re	equesting V. S. No. 1	. /		

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 2	1 year
		000	
		60' 6'	

1. PLACE OF DEATH		950	
County / Jallumor	lo .	Registration Dist. No.	
Village or City Touson	rid	No. 104 yor Sp. Brand s	War
Length of residence in city or town where death	occurred 29 yrs. mo	f death occurred in a horsital or institution, give its NAME instead of street and	number)
2. FULL NAMES da Mu	res Hink	We was betran	
(a) Residence: No. 107 yours	Osual place of abode	som Mdward.	
PERSONAL AND STATISTICA		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (gorite the word)	21. DATE OF DEATH	2
ba. If married, widowed, or divorced	married	(Month) (Day)	(Year)
HUSBAND of John Ha	nkla	22. // HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, end yeer) Ma	411-1860		, 19.
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 2:30 Am.	.; death is said
77 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	l ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, HOSAWYER, BOOKKEEPER, etc.	user Wife	Cuteria - Jole I	
9 Industry or business in which work was done, as SILK MILL		Carlis - Vascular dines.	1936
Mind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month) and	}		1136
- I this occupation (month and	II. Totel time (yeers) spent in this		
year)	occupation	Other Cantributory Causes of Importance:	
12. BIRTIIPLACE (city or town) Jakhus	nore lerry	the state of importance.	
(State or country)			
13. NAME David Martin  14. BIRTHPLACE (city or town) Batta	1		
14. BIRTHPLACE (city or town) 13 all	moreloo	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there an a	utonsv? Ko
15. MAIDEN NAME Mary Hor	vard	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) 03 alt	more 60	Accident, suicide, or homicide? Date of injury	
(State or country)	111	Where did injury occur?	
17. INFORMANT John Hunk	ele-	(Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR BEMOVAL	7	Manner of injury	
Place Prospect Hillo	te Nov. 15 1937	Nature of injury	
19. UNDERTAKER JOHN BUNS	Jons	24. Wes diseese or injury in any way related to occupation of deceased?	Ro.
11/15 32 (1)	Mull Wan II	If so, specify	
20. FILED ALL Z	Cal Registrar.	(Address) 6701 York Ped	M. D.
If more blanks	re needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		10 K	2		

V. S. No. 1

73	County Sallemon	, f	Registration Dist. No. 44	
	Village or City		No. St., St., of death occurred in a hospital or institution, give its NAME instead of street and nu	
2.	FULL NAME AMAGE (a) Residence: No. 3 0/3 M	Maria Ara	ds. How long in U. S. If of foreign birth?yrsmos.  Government U. S. Veteran, specify WAR St., Ward.	
	PERSONAL AND STATISTICA	L PARTICULARS	If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	ate
3.5)	ex 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193
5a. I	If married, widowed, or divorced HUSBAND of (or) WIFE of MESSAND MARKET	in Hodgson	22. Oct 20 1937, to MV 3	caa
6.D	ATE OF BIRTH (month, day, and year)	- 24.01863	I last saw here aliva on nov 2 1937:	dea
7. A		Days If LESS than	to have occurred on the data stated above, atm.	
	94 0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dat
TION	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	wennk	Himplegia result of Cerebal	0
OCCUPA	9. Moustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Thrombous.	0
000	10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. 1	BIRTHPLACE (city or town)	Ja.	Other Contributory Causes of importanca:	
ER	13. NAME Ten a Dulliet	destragan	-	
FATHER	14. BIRTHPLACE (city of town) (State or sountry)	g Pa	Nama of operation Date of	ops
HER	15. MAIDEN NOME as garde for	elimotrong	23. If death was due to external causes (VIOLENCE) fill in also the following:	
H 1	16. BIRTHPLACE (effy or fown) (State or county)	Pa Y	Accident, suicide, or homicide? Date of injury Where did injury occur?	,
17. I	INFORMANT AS ULLES	Mathios	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. [	BURIAL, CREMATION OR REMOVAL	Date 11/5 ,19-37	Manner of Injury	
19. (	UNDERTAKER // (Address) /2/1		24. Was disease or Injury in any way related to occupation of deceased?	
20.	FILED 11/3 1937 John	5. Tempells	(Signed) Wil There	
20. 1	, , , , , , , , , , , , , , , , , , , ,	Resignar.	(Address) 2 5 Page 1 Place 1	1

Data of ongot

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

V. S. No. 1

1. PLACE OF DEATH	82-0
County (Sacra)	Registration Dist. No. 4
Village or City ( ) a Call	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds
2 FILL NAME Carrille It. Holl	and If U. S. Veteran, specify WAR
(a) Pasidones: No	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 18 7
wall while manier	(Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	22. / HEREBY CERTIFY. That lattended deceased from
(or) WIFE of Z. J. Holland	22. / HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Nov. 16-1859	I last say have alive on MV (1, 19.8.); death/s sai
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30 fm.
78 / I lday,hr	THE TREE CASES OF BEATTY and Totaled Section of Important
R. Trade, profession, or particular	Were as follows: Date of onse
kind of work done, as SPINNER, Armer SAWYER, BOOKKEEPER, etc.	- 2 / 21
Industry or business in which	arehal Hommonage 4/13/
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
B-OX OIL	Other Contributory Causes of Importance:
BIRTHPLACE (city or town) County (State or country)	There are a deal defendant who
13. NAME George Holland.	- Innya so war her morning 125
13.14 011 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bridget Derine	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Mars Holland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address) 7 ml	
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Johns Pongua Date Kor 193	Nature of Injury
9 UNDERTAKER Clarent I Certhur	24. Was disease or injury in any way related to occupation of deceased?
(Address) For Md;	If so, specify A-AAA
offish) Hallon my from	(Signer) Milly Moanmett M.
Registrar.	(Address) Balling

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADY AND CEDTICICATE OF DEATH

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER STAT	EMENTS BY	PHYSICIAN
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plnods PHYSICIANS statement 6 BINDING 回 certificate. properly RESERVED may should that instructions AG] ARGIN plain carefully very important. .5 DEATH should OF SE mation NOI

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred.... How long In U.S. If of foreign birth? vrs. mos. U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. 1f married, widowed, or divorced **HUSBAND** of HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than to have occurred on the date stated above, at 2 30 P. m. Months Days 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ..... 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Neture of Injury\_\_\_\_\_ 24. Wes diseese or injury in any wey releted to occupation of deceased?. 19. UNDERTAKER (Address) If so, specify \_\_\_\_\_ (Address) Jothen switke

and

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Exa	ample I	110	Example II	
The principal cause of death of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 6	2 1921	Run over by street car	1 week ago
Cerebral hemorrhage	· 1 114:	July 5, 1927	Peritonitis	3 days ago
	BURL			
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11033
County Dallinou	Registration Dist. No. 38
Village or City Teasney	No. Fuguson Rol - St., Ward death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Mary Colizabeth 7	towell
(a) Residence: No. Ferguson Rd. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Day)  (Day)
HUSBAND of William M. Howell	22. I HEREBY CERTIFY. That I attended deceased from  Man 16 ,1937, to Man 21 ,1937
6. DATE OF BIRTH (month, day, and year) Och. 12, 1850	I last saw h LR elive on Mow 2 (, 1937 ; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.28 C.m.
87 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Influenza "115/3;
SAWYER, BDDKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Labor puemonia "/20/37
10. Date decesed last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation	
10 PURCUAL ART /- IA A	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 7. Jul. of of marles	
13. NAME WM. S. Fowler  14. BIRTHPLACE (city or town)	Name of operation. None Dete of
(State or country) Elelaware	What test confirmed diagnosis? Lissue al. Was there an autopsy? The
15. MAIDEN NAME Emmaline Telikon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Omnalise Telison  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Lelauvace	Where did injury occur?
17. INFORMANT Mrs. Violet of Rankin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bardentown, M. J. pate 1/24, 1937	Nature of injury
19. UNDERTAKER A LOMAN A LANGE OF STREET OF STREET	24. Was disease or injury in eny way related to occupation of deceased? 71.0
20. FILED Mr. 22, 1937 / A.M. Bacou -	(Signed) (1. M. Dacon M. D.
Registrat.	(Address) 28/0 Jaylor live.
if more viants are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. C. askertle

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2 11

NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Stated EXACTLY. PHYSICIANS successtated EXACTLY Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be KUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. WRITE PL

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1075
County (Saltimore	Registration Dist. No.
Village or City Coclemanelle	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrs,mosds
2. FULL NAME Walliam Saurens	Johnson J. U. S. Veteran, specify WAR
	St., Ward.
(a) Residence: No. (Qual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Vear)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Qua 11, 1933	I last saw h/M aliva on Nor /3 ,1987; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:304 m.
14 3 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER.	101
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	(Ineumorea Mondas)
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWVER, BOOKKEPER, etc.  9. Lodustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) orlewalle	Other Cantributary Causes of Importance:
(State or country)	cont & epilepay
14. BIRTHPLACE (city or town)	
(Stata or country)	Name of operation
	What test confirmed diagnosis?
	Accident, suicida, or homicide? Date of Injury, 19
16. BIRTHPLACE (city or town) Cleyswell (Stata or country)	Whera did Injury occur?
17. INFORMANT Search Plans	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL .	Manner of Injury
Place Gonza - Colugnalle Data Nov. 15, 1937	
19. UNDERTAKER Word C. Buroles & Sun (Address) Souls and	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED MONT 13. 4. 19 Marillian J. Chil Coo.	(Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - 9 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEPORAU V. S.	\$		
in the specimen and property and the specimen and property and the specimen and the specime			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			"

should state

1. PLACE OF DEATH .	46B
County Daltzmere	Registration Dist. No.
Village or City Rengaville (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of two where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John W Jones.	If U. S. Veteran, specify WAR
	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) HIFE OF Berling, May Jone.	22. I HEREBY CERTIFY, That I attended deceased from  10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNE of the Mellevic glad SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  11. Total time (years) spent in this occupation.	Chimory caneino mas of stomoch Cws. To.  Description: one years of the contributory Causes of importance:
12. BIRTHPLACE (city or town) Caltures (State or country)	Other Contributory Causes of Importance.
13. NAME Tauck Jones  14. BIRTHPLACE (city or town) (State or country)  Maryland	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  MAN Maiden NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT MASS STATES AND THE ST	Manner of injury
19. UNDERTAKER Welleam ood (Address) 21748 Paul St	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)
20. FILED Registrar.	(Address)

-WRITE

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1, 1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

1		Con con c	~		Registration Dist. No.
12.	Village or Cit	OWOOD SA	NATORIUM	, TUMBUIL	NoSt,
	Length of residence In	city or town where	death occurred		os. 29 ds. How long in U.S. if of foreign birth?
2.	FULL NAME.	Mary	Kob	er	If U.S. Veteran specify WAR
	(a) Residence: No	2734	Mashe	·L	St, Ward. Bollinan
-	DERCONALA	ND CTATICT	(Usual place		If nonresident give city or town and Sta
3. SE	PERSONAL A	LOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH
F.	eval V	lute	OR DIVORCE	D (write the word)	(Month) (Day)
5a. I	f married, widowed, or d HUSBAND of (or) WIFE of	ivorcad	1)	0	22. I HEREBY CERTIFY, That I attended dec
	(or) WIFE OF	you	ege /o	ber	march 5 ,1927, 10, November 3,
6. D.	ATE OF BIRTH (month,	day, and year) Se	utente	~ 13,1888	
7. A	GE Years	Months	Days	If LESS than	to have occurred on the date stated ebove, at 2.30 f.m.
	49	/	121	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
NOI	8. Trede, profession, or kind of work do	e. as SPINNER.	touse,	mete	0.0
ATI	SAWYER, BOOKE 9. Industry or business	in which	1	F	fucusian jaguarose s
5	work was done, a SAW MILL, BAN	K, etc	my Dr	m,	
000	10 Data deceased last this occupation	worked at the	02/ Sp3	tima (yaars) ent in this	
	year)		7/- 001	upation	Other Contributory Causes of importenca:
12. E	(Stats or country)	n) 130-15	1100	1	
œ	13. NAME (A)	- 0414	Bolos	o .	
= -	70	g ma	Borry	w	Name of operation Dete of Dete of
FA	14. BIRTHPLACE (city o (State or country	, //		0	4 0
HER	15. MAIDEN NAME	Lather	un Chi	us	What test confirmed diagnosis? Was there an auto 23. If death was due to external causes (VIOLENCE) fill in also the following:
-	16. BIRTHPLACE (city o	town) Bo	ellem	au,	Accident, suicida, or homicide? Data of injury
	(Stata or country	1)	mangl	evel	Whare did injury occur?
	SONAL His	toryHo	spita	Record	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE
	OWO DIE TODA		orium,	Towson, M	<u>d</u>
18. E	BURIAL, CREMATION, OF	REMOVAL BY	Down M.	v 5 1937	Manner of Injury
	ridce. 2.3.	4.0	A 1	, 19	Nature of injury
19. L	INDERTAKER	mard J	Kuck	01	24. Was diseasa or injury in any way related to occupation of deceased?
	(Address)	203 /4	reford a	7	If so, specify Al Baldela
	ILED // 4	1957 (1	1 111 //	100	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastrocaleritis 9	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by sheet car  July 5, 1927  Peritonitis  Other contributory causes of importance:

# ORD. Every item of infor-PHYSICIANS should state TH UNFADING INK-THIS IS A PERMANENT IN stated EXACTLY. AGE should be

mation should be carefully supplied. N. B.—WRITE PERINLY, W.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH		CERTIFICATE OF DEATH			
county Baltimore	L .	Registration Dist. No.			
Village or City Coses		NoSt.,	War		
Length of residence In city or town where		death occurred in a hospital or institution, give its NAME instead of street and number ds. How long In U.S. If of foreign birth?yrsmos	r)		
2. FULL NAME Henry	7. Homber	If U. S. Veteran, specify WAR			
(a) Residence: No. Tucking	aret are.	St. Ward.			
	(Usual place of abode)	If nonresideot give city or town and State			
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH			
M. M.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wire the word)	21. DATE OF DEATH Arro. 20. 193 (Month) (Dey)	Year)		
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Jfilda (	Rund)	22.   HEREBY CERTIFY That I ettended decea	sed fro		
6. DATE OF BIRTH (month, day, end year)	in. 26 - 1906	I lest sew his elive on Nor. 20 ,1937 ; dee	th Is sa		
7. AGE Years Mondas	Deys If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above, at 2.147-m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:			
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Carlinana 1 Testiele	of ons		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL M. SAW MILL, BANK, etc.	- l - o	Contract posterior	7.04		
SAW MILL, BANK, etc	11. Totel time (years)				
this occupetion (month and yeer)	spent in this				
12. BIRTHPLACE (city or town)	eto .	Other Contributory Causes of Importance:			
(State or country)	mo.				
a 13. NAME Henry J.	Momber				
14. BIRTHPLACE (city or town)	Germany	Neme of operation Date of Date of Whet test confirmed diagnosis? Chie Jenelings Westhere en autops	yDu		
15. MAIDEN NAME Than	Bechtfold	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?			
17. INFORMANT Mus. May	1 / mber	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.			
(Address) Mangaret)  18. BURIAL, CREMATION OR REMOVAL  Plece Care Janes	Date 11/23,1937				
19. UNDERTAKER John S. to	melly	24. Was disease or Injury In any wey related to occupetion of deceesed? The			
20. FILEO 2000 22 1937 Jol	n S. Comelle	(Signed) J. H. While	M.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
UPV TO THE TOTAL THE TOTAL TO T	14		
	28.		
Other contributory causes of importance:	19.0041.0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 - 1 h e ; 7 h	ggdin	

UP	1.	PLACE OF	F DEAT	ГН			_	
OCCUP		County	Balti	more				
		Village or C	ity	Catonsv	111	e, Mar	yla	and
0	/	langth of raei	danca In cit	y or town who	re dos	th convered		_yrs9n
nen	/-	FULL NAI						
statement	2.					r Aver		
ct statement		(a) Resident	Park,	Maryl	and	(Usual pla	ace of	abode)
act act		PERSON	AL AN	D STATIS	TIC	AL PAR	TIC	ULARS
Exact	3. SE	X	4. COLO	R OR RACE	5	. SINGLE, M	ARRI	ED, WIDOWED, write the word)
		male	}	nite			rri	
EAACIL y classified. te.	5a. If	married, widow HUSBAND of (or) WIFE of	Mrs.	Alice	Pal	mer Ko	nie	gmacher
y te.		TE OF BIRTH		, and year)	Ju	ne 13,	18	375 .
stated E properly certificate	. 7. AG	E Yea		Months 5		Days		If LESS than I day,h
projecti		8. Trade, profes				Τ1		ormin.
ACE should that it may ons on back	OCCUPATION	9.Industry or work was SAW MIL 0. Date decease this occu year)	ed last wor pation (mor			hang dd job	S	e (years) In this tion1_i_f
0.12	12. B	IRTHPLACE (cit (State or cour		Ephr	ata	Penr	ısy.	lvania
plie rms nsti	ER I	3. NAME	Samue:	l Konig	mac	her		
y supplied. ain terms, s See instruc	FATH	3. NAME 4. BIRTHPLACE (State or	(city or to	wn)u	nkn	.own		
ot.		5. MAIDEN NA	ME E	mma Mar	tin		ψil	
be careful EATH in p important.	MOTH	6. BIRTHPLACE	(city or to	wn) <u>U</u>	nkn	own		
should be carefully OF DEATH in plais very important.	17. 11	NFORMANT	Hospi	tal rec	ord	S		
SE OF	18. B	Place Cen	lon, or F	iel len	itig	Date / 2	7:	3, 19.3.
CAUSE TION is	19. U	NDERTAKER (Address)	w	w Ch	de	rebel	10	Co.
		12/		T	1	//	0	

STATE OF MARYLAND—CERTIFICATE OF DEATH 11700

		463)
		Registration Dist. No. 30
lary	land (M	No. Spring Grove State Hospitalst., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
red	yrs9mos	28 ds. How long in U.S. if of foreign birth?mosds.
nach	er	If U. S. Veteran, specify WAR
renu	е	St., Ward,
	of abode)	If nonresident give city or town and State
	CULARS	MEDICAL CERTIFICATE OF DEATH
E, MAR VORCE Mar	RIED, WIDOWED, D (write the word) rled	21. DATE OF DEATH  November 30 , 193.7  (Month) (Day) (Year)
Kon	igmacher	22. I HEREBY CERTIFY. That I attended deceased from February 2, 1937, to November 30, 19 37
13,	1875	last saw h im alive on November 30 , 19.37; death is said
ays	If LESS than	to have occurred on the date stated above, at 11:40 A.m.
7	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
r an	d paper-	Carcinoma of the pancreas bef. Sept. 1937
jobs		
spe	ime (years) nt In this upationlife	
	ylvania	Other Centribatory Causes of Importance:
		Arteriosclerotic heart disease (coronary sclerosis) bef. 1937
		Name of operation none Dete of
		What test confirmed diagnosis? anatomical Was there en eu'opsy?yes
		23. If death was due to external ceuses (VIOLENCE) fill in also the following:
		Accident, suicide, or homicide? Date of Injury, 19
		Where did injury occur? (Specify city or town, county and State)
		Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18	13 ,1937	Manner of injury
lelo	Co	24. Was disease or injury In any way related to occupation of deceased? NO
6 1	05.	If so, specify
	Lead	(Signed) Alu J Karafal M.D.
/	Registrar.	(Aridress) Oatherselle 244
Meled,	date State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN 4 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	DE YOU	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. TARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

z/

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County Bello C	Registration Dist. No.
Village or City O'oplan Neicklo	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME mildred C Kraff	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yéar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nor 16- 1937	I last saw h A alive on 7 1 1927 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 7 . P. m.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Loustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 rematurity
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Balto Co (State or country)	Other Coutributory Causes of importance:
I 13. NAME Exald Kieth	Ī
13. NAME Eyrald Kraff  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Clon Clatter back	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
17, INFORMANT Escald Day 4	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Poplar Heck the	
18. BURIAL, CREMATION, OF REMOVAL Francy Port 23.	Manner of injury
19. UNDERTAKER John Ullrich	24. Was disease or Injury In any way related to occupation of deceased?
20. FILE POV 224, 1937 by McComper his	(Signed) David Of Sant M. D. (Address) State Court M. D.
	, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

11701

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state AD. Every item of inforproperly classified. Exact statement of OCCUPA-PHYSICIANS UNFADING INK-THIS IS A PERMANENT REstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLA

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(K4)
County Baltimore	Registration Dist. No. 12
Village or City Dundalk (If	No. 17 Leway St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred /2 yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vinetta Lambert	If U. S. Veteran, specify WAR
(a) Residence: No. 17 Lewas (Usual place of abode)	St., Ward. Durdelk, Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female  4. COLOR OR RACE OR DIVORCED (write the word)  Temale  Mutt	21. DATE OF DEATH  November 30 H  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Lambert	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Seft 20, 1879	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
58 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trade, profession, or particutar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ashhixiation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Carlon Monoxede Poisoning
this occupation (month and year) spant in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Itanisburg, Pa	On I To E On all all all
# 13. NAME Joseph Ritts	ON THE THE PROPERTY OF THE PRO
13. NAME Joseph Ritts  14. BIRTHPLACE (alty or town) Burks beaunty  (State or country)	Name of operation
15. MAIDEN NAME Sugare Frulke	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lebourty	Accident, suicide, or homicide? Luside Date of Injury "/30, 19-7
2 (State or country) Pa.  17. INFORMANT William J. Lambert (Address) /7 Leway, Hundalk Max	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Harrishing, Pa Date Dec 3 - 1937	Manner of injury
19. UNDERTAKER John & Connelly (Address) (Casers Mrs.)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11/29 , 1937 John S. Cemully	(Signed) David B. Covans acting Carones.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis?	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 GAN 6 1935				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11703
1. PLACE OF DEATH	(3)
County Dala mad	Registration Dist. No. 42
Village Dr City artitles	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city-qr town where death occurredyrs,mos	
2. FULL NAME Milliam Lampk	in the second second
(a) Residence: ND. Sulffluse Touthern (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	i last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, 3-3 o Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	- A
SAWYER, BDDKKEEPER, etc.	Darder Vascular.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mul disease
10. Date deceased lest worked at this occupation (month and year) spent in this occupation	
Wat parties	Other Contributory Causes of Importanco:
12. BIRTHPLACE (city or town) (State or country)	h f
13. NAME Charles The home	of ofway
The state of the s	sudden deale
(State or country)	Neme of operation Date of
15. MAIDEN NAME Charlotte Jupun	What test confirmed diagnosis? Was there an autopsy?
II. MAIDEN NAME CAUCAGE O COMPANY	23. If death was due to external causes (VIOLENCE) (Vin elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marce tankfur (Address) a fullet my	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mulum Date 74V / J., 193	Nature of injury
19. UNDERTAKER MAS Kate Mulliams (Address) 3 2 2 M Schuse de M	24. Was disease or injury in any way related to occupation of deceased?
20. FILED MAJ 13, 1937 The Milief Registrar.	(Signed) (Address) (Address) (Address) (AD Deeph Area)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example 1	ii	Example II	
The principal cause of d of importance were as fo	eath and related causes	Date of onset	The principal cause of death and related caus of importance were as follows:	es Date of onset
Arteriosclerosis	RECEINE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 2 1937	July 5,1927	Peritonitis •	3 days ago
	SALES LATING			
Other contributory cause	es of importance:	-11	Other contributory causes of importance:	Y HILLS
Gallstones		May 1,1923	Gastroentcritis	1 year

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: 1 week ago Arteriosclerosis 1915 Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis July 5.1927 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 Ω.

item of infor-

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 43
Village or City Overlea	No. 4001 Chesley Ave. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred50_yrsmo:	t death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John F. A. Lehmann	************
(a) Residence: No. 4001 Chesley Ave. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH Nov / Sit , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(55)
(or) WIFE of Marie Lehmann	22. OF I HEREBY CERTIFY. That I attended deceased from 1937, to 15, 1937
6. DATE OF BIRTH (month, day, and year) Aug. 24. 1856	I last saw h alive on 200 / 42 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
81 2 20 1 day,hrs.	were as follows:
No Trade, profession, or particular ind of work done, as SPINNER, Sta. Engineer.	Date of onset
of 1 9 industry or husingse in which (Dots mod)	Chronichyrandeles 10/30/3
work was done, as SILK MILL, SAW MILL, BANK, etc	Hypeclanten y
10. Date deceased last worked et this occupation (month and year)	Music heftiste
12. BIRTHPLACE (city or town) Germany	Other Contributory Canses of importance:
(State or country)	myrandes martfactore 11/12/2
13. NAME Not Known	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14, BIRTHPLACE (city or town) Not Known	Name of operation
(State or country)	What test confirmed diagnosis? Degree What there are autopsy?
15. MAIDEN NAME Not Known	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME NOT Known  16. BIRTHPLACE (city or town) Not Known  (State or country)	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. George F. Lehmann (Address) 4001 Chesley Ave.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trinity Gam, Date nov, 17, 1937	Nature of injury
19. UNDERTAKER George W. Sinkler	24. Was disease or injury in any way related to occupation of deceased?
(Address) 3029 northern Parkway	If so, specify
20. FILED /////e , 1937 & a Fit M.D.	(Signed) Later Secret M. D.
O Registrar.	(Address) / W. Octoba Co

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ii ii	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
960 V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	County Ba	eto			(33-(6)	Registration Dist. No.	4.3
	Village or City	Carnen	_	4	No.		CI.
	Landb of soldier of	1	Va	known (	death occurred in a hospital or instit		
		city or town whera da	ath occurred	yrsmos	1. (MACKAE)	of foraign birth?yrs	mos
2	. FULL NAME.	trances	. Mo	resease	If U. S. Veteran	, specify WAR	
	(a) Residence: No.	Nidge	Que (Usual piace	Carry	St.,Ward.	R	10
	PERSONAL A	ND STATISTIC			MEDICAL C	If nonresident give city or CERTIFICATE OF DE	
3. S				RIED, WIDOWED,	21. DATE OF DEATH		71.
7	emal 2	vente	OR DIVORCE	D (write the word)	no	m- 5	193
5a.	il marriad, widowed, or di	vorced	Ma	mer		(Month) (Day)	
	HUSBAND of (or) WIFE of	6 49	macha	e- A		Y CERTIFY, That I	attanded decea
	1-4	7.	T	1	VCt. 20	, 1937, to Wov	· 5
	DATE OF BIRTH (month, d		ne 11=	1901	I last saw haiive on	voy. 5	, 19. ? ); des
7. A		Months	Days	If LESS than  1 day,hrs.	to have occurred on the data stat		
	30	4	24	ormin.	ware as follows:	TH and related causas of importa	Dat
NO	8. Trade, profession, or kind of work don	a. as SPINNER.	X Ista	mo.	B		
F	SAWYER, BOOKKI	In which	<u></u>		John F		
UP.	work was done, a SAW MILL, BANK	s SILK MILL,				The same of the sa	eg .
ဗ္ဗ	10. Data dacaasad last w this occupation (m	orkad at	11. Total ti	ima (years) nt in this			
	yaar)		0001	ipation			
12.	BIRTHPLACE (city or town	) %.			Other Cantributary Causes of Imp	ortanca:	
	(Stata or country)						
HER	13. NAME Cles	estron	Engl	and			
FATH	14. BIRTHPLACE (city or	town) Bol	to City	md.	Name of operation.	sistany	Date of Jan
	(Stata or country)		•		What tast confirmed diagnosis?	eined was	there an autop:
OTHER	15. MAIDEN NAME	ophia	John	ny	23. If death was due to axternal ca	usas (ViOLENCE) fill in also the	tollowing:
5	16. BIRTHPLACE (city or	town) Bold	usia.		Accident, suicide, or homicide?	Date of injur	y,
Σ	(Stata or country	)			Where did injury occur?	/6 1/	
17.	INFORMANT MA	Ente			Specify whether Injury occurred i	(Specify city or town, county In INDUSTRY, in HOME, or In PU	JBLIC PLACE.
-	(Address)	e ane					
18.	BURIAL, CREMATION, OR	REMOVAL	. M	8 74 1957	Manner of injury		
	Piace / and	24	Date. /. PV.:	199: /	Nature of injury		
19.	UNDERTAKER THE	clh to	sahn	+lan	24. Was disease or injury In any v	way related to occupation of dece	ased?
	(Addrass) 740	(Balai	Nd.	-/	if so, spacify		
-	1					7 /14	
20.	FILED 11/6	,19.37 5	a F	enty M.D.	(Signed)	). A. Ale	

MARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 4	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Selface :
Gallstones	May 1,1923	Gastroenteritis	1 year

# N. B.-WRITE PERINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE C	)F	MARYLA	ND-	CERTIF	FICATE	OF	DEATH
---------	----	--------	-----	--------	--------	----	-------

1.	PLACE	OF DEA	тн				
	County	B	allim	ore		Registration Dist. No.	/
	Village o	or City	Words	Laun		No. Louaine ara st.	Ward
						death occurred in a hospital or institution, give its NAME instead of street and i	number)
		_	ty or town whora c	leath occurrad	yrsmos	ds. How long in U.S. if of foreign birth?yrsm	
2	FULL N	NAME	Tobat	Eugy	me m	Orline If U. S. Veteran, specify WAR	•••••
	(a) Resi	dence: No	Lonar	(Usual place	OR TO	Ward.  If nonresident give city or town and	State
10000	PERS	ONAL AN	D STATIST	CAL PARTI		MEDICAL CERTIFICATE OF DEATH	Diete
3. S	nale	4. COLO	R OR RACE		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 (Yoor)
5a.	If married, wi	dowed, or divo	rced			(month) (bay)	(1001)
	(or) WIFE o	if				22. 1 HEREBY CERTIFY, That I attanded	
			-70	0.	. 10.25	, 19, to	
6. D		TH (month, day Years	y, and yeor)	Days	1 1937	I last saw h	; doath is said
	OL.	Tours	Honths	Vajs	1 doy,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1	8 Trada n	rofession or n	articular		orOmin.	wara as follows:	Date of onset
S	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc					MAKEY VIII	
OCCUPATION	9. Industry	or businass in was dono, as \$	which				
3	SAW	MILL, BANK, o	otc	1			
ŏ	this	occupation (mo	nth and	spe	imo (years) nt in this upation		-
1			9.1	00	pation	Other Cantributery Causes of Importança:	
12.	State or	(city or town)	WA	md	a		
<u>c.</u>	13. NAME	96:0	0.1 9	mo ti			
FATHER		Orac	70	o riacco			
FA		ACE (city or to a or country)	7.	nd		Namo of operation	
2	15. MAIDEN	NAME 7	Sinle	B Taul	1.130	Whot test confirmed diagnosis?	71.
MOTHER			- 200			23. If death was dua to axternal causes (VIOLENCE) fill in olso the following Accident, suicide, or homicide?	
M		ACE (city or to e or country)	) (IIWI)	md		Whara did injury occur?	
17.	INFORMANT.		elig &	maile aun )	i nd	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL Place New Carbeard Cera Date Mor 1 , 19.3.7						Mannor of Injury	
19.	UNDERTAKEI (Addrass		H + mo	man	ry Ste	24. Wos disease or injury in any way related to occupation of deceased?	
20.	FILEO HO	v-/.	1932 Me	ellow	Registrar.	(Signod) Dan E. Marling (Addrass) Candallatown M	M. D.

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	Example I	9	Example II	
The principal caus of importance wer	se of death and related causes e as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial r	nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory	y causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	WOV 5 1037			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11708	}
1. PLACE OF DEATH	93-0	
County Baltimore	Registration Dist. No. 38	
Village or City Towsoul	No. 107 E. Susquehama aus. W.	ard
(If Length of residence in city or town where death occurred 12-yrs,mos.	death occurred in a horbital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of loreign birth?	de
2. FULL NAME Lee Kepsen Mc Beer	If U. S. Veteran, specify WAR Abanish-ame	2000
(a) Residence: No. 107 E. Surguellanna An		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 th 1937 (Year) (Year)	
5a. If marriad, wldowad, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased in	l vom
(OT) WHEE OF Ella Blanche Mc Bee	October 19, 1937, to Nov. 5, 193	7.
6. DATE OF BIRTH (month, day, and year) Feb. 18, = 1866	I last saw harry alive on Nov. 5 , 1937; daeth is	sald
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the data stated above, at. 5	
6/ 0 /8 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as Iollows:	set
8 Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Simbolism 11-5-	37.
Industry or business in which work was dona, as SILK MILL, Mechanical SAW MILL, BANK, atc  10. Data daceasad last worked at this occupation (month and Data1937)  11. Total time (years) spent in this occupation   18 years)	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) Saltamore, Abil.  (Stata or country)	Johnonie Mayorarditis ?	
13. NAME Jos. I. Mc Bee		
13. NAME Jose, F., Mc Bee  14. BIRTHPLACE (city or town) Baltimore, Mod- (State or country)	Name of operation Alexandron Sector gate of 10-2x- What tast confirmed diagnosis? Olivical Was there an autopsy?	
15. MAIOEN NAME Siel SK, Lee  16. BIRTHPLACE (city or town) Baltimore, Mode  (State or country)  17. INFORMANT & Clark lanche Ner Ble	23. Il death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
(Address)		
18. BURIAL, CREMATION, OR REMOVAL Place Varkewood Oato Nov 8 , 1937	Manner of injury	
19. UNDERTAKER John Burns Sons (Address) Toward Market 102. FILED M. 1027 Market 102.	24. Was disease or injury In any way ralated to occupation of daceased? No.  If so, specify  (Signed)  (Address) A LH Lando Roy A Rall To Man	1. 0.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis 103?	1921	Run over by street car	1 week ago		
Cerebral hemorrhage DEC	July 5, 1927	Peritonitis	3 days ago		
Other contributory cluses of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLANLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4670
County Dallimon	Registration Dist. No. 30
Village or City Calonsville	No. Mafsle Cu St., Ward death occurred in a horgical or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Josephine Marie Mc Cloth	and If U. S. Veteran, specify WAR NOIVE
(a) Residence: No. make abe	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write He word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from Nov 15, 1934, to Nov 28, 193
6. DATE OF BIRTH (month, day, and year) May &-1871	I last saw h_ 12 aliva on 100 2 f , 19 5 7; daath is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 2001	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et his occupation (month and	recurrence with free free law
this occupation (month and year) spent in this occupation 2001	<b>/</b>
12. BIRTHPLACE (city or town) Sallimore (State or couptry)	Other Contributory Causes of importance:
1 13. NAME LEONEY MCPOOPINA	
14. BIRTHPLACE (city or town) Colland State or country)	Name of operation Awardum of Colon Date of York 5,18. What test confirmed diagnosis? Museuphir Was there an autopsy?
15. MAIDEN NAME trunces to ougherly 16. BIRTHPLACE (city or town) + all to	23. if death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT M. T. F. Husky (sisteri)  (Address) Calonis dele	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Pleus athernal - Date Dely-1-, 1937	Manner of Injury
19. UNDERTAKER SCLUTCH Muminfumpumy  (Address) 10800 n mh ave.	24. Was disease or injury In any way related to occupation of daceased?
20. FILED NOV 29, 1937 Marshall B West Registrar.	(Signed) Learge A Shrvast J.M.  (Address) 3301 N Charles S.Y.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. Ir Geoaslewart

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH

C	ounty	Baltimore	******************************		(4-0)	CERTIFICATI
1		Homes and Devel		500h a		Registratio
Villa	age or Cit	, Howard Park	(No.	5004_0	wynn Oak Av	e.St; Ward
	² FU	LL NAME	Jos	eph McCr	e <u>a</u>	## QQL N.N. N.N. N.N. N.N. N.N. N.N. N.N.
	PERSO	NAL AND STATISTI	CAL PARTIC	CULARS	MED	ICAL CERTIFICATE
3 8	male	4 color or RACE	MARRIED		16 DATE OF DEA	November (Mouth)
	ATE OF BI		(Write the	word)	17 L HEREB	Y CERTIFY, That Y
		July (Month		, 1873 (Year)		
7 AG	E	64 yrs. 4	nos3	If LESS than I dayhrs	The CAUSE OF D	EATH * was as follows
W	hich emplo RTHPLAC (State or	country)	timore reland	Transit.	Contributory. Secondary	Myserd
	10 NAME FATHI	OF ER	McCrea		(Signed)	lu a Durafon)
ARENTS	11 BIRTH OF FA (State	PLACE THER	reland		State the Violent Causes.	Address) 1. 2.3.  Disease Causing Denty, tate (1) Means of Heddal or Homicidal.
PAR	12 MAIDE OF MO	THER	known			RESIDENCE (For Hos
		THER e or country)	reland.		At place of death yrs Where was disease co.	mos da, St
		Mrs Thomas			if not at place of death Former or usual residence	
	(Addı	) 5804 Gwyn	n Oak A	venue		edral Cem.
15 F	iled Mon	-22 1937	J. Juli	Registrar	20 UNDERTAKER	
		UV			. JOHN J.	Cowan & Son

STATE OF MARYLAND

CERTIFICATE OF DEATH

on Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-atead of street and number.)

E OF DEATH

attended the deceased from

ted above, at . 7. A.

n, or, in deaths from njury; and (2) whether

spitals, Institutions, Trans-

ate, . . . . . yrs. . . . . mos. . . . . da

DATE OF BURIAL

...NOV...25...,19 ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Nov 29 193

nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken defiuite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not pald Housekeepers who receive a laborer, Farm laborer, Laborerworked ou may form part of the second statement. (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synenym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant ueoplasms); Measles; diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Caucer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quences (c. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal scpticacmia," "Puerperal poritonitis," "Uraemia," "Weakness," etc., when a definite disease Yulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; State cause FOR VIOLENT DEATHS State MEANS OF INJURY the injury, as fracture of skull, and conse-"Debility" for which surgical operation was under-("Congenital," -"Senile," etc.), (Recommendations ou state-Example: Measles (disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—V

1. PLACE OF DEA		F MAR	YLAND—	CERTIFICATE OF DEATH	1171
County Balti				Registration Dist. No. 32	
Village or CityF					
Length of residence In c	ity or town where d	leath occurred 40	(1) yrsmos	No. 18 Waldron Ave. St.,  f death occurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. if of foreign birth? yrs.	number)
2. FULL NAME	Minnie Vi	rginia M	cGinnis	If U. S. Veteran, specify WAR	
(a) Residence: No	18 Waldı	ron Ave.	of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race	5. SINGLE, MAR OR DIVORCEI Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 20, (Day)	., 193_7 (Yeer)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I attended  Nov. 9th, 1937, to Nov. 24	deceased from
6. DATE OF BIRTH (month, da	y, and year) Al	igust 18,	1865	I last sew h A elive on Nov 20 5. 192 >	; death Is seld
7. AGE Years 72	Months 3	Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trede, profession, or p kind of work done SAWYER, BOOKKE SAWYER, BOOKKE SAW MILL, BANK, 10. Date deceased last wo this occupation (moyear)	es SPINNER, No EPER, etc	11. Total ti sper occu	ime (years) nt in this upation	As Y: Aclesous Neggesfession  Other Contributory Causes of importance:	1930
12. BIRTHPLACE (city or town (State or country)		Md.		Chrome Myorarlitis	1937
13. NAME Wm. C.  14. BIRTHPLACE (city or t (State or country)	own) Frede	erick Md.		Name of operetion Date of What test confirmed diagnosis? Was there an	eutopsy?
17. INFUNITARI		rick Md. cier		23. If death was due to external causes (VIOLENCE) fill in elso the followin Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and Strength Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC Plants.	, 19 ate)
18. BURIAL, CREMATION, OR Place Rduid F	REMOVAL		23 ,1937	Manner of Injury	
19. UNDERTAKER M. (Address) M. O. FILED II. 23	thic	ga at	ucholo	24. Was disease or injury in eny way related to occupation of deceased?	NO M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evennla I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II

Example 1			Example 11	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 2 1937	July 5,1927	Peritonitis	3 days ago
	RUPEAU V. S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	
				55.11

V. S. No. 1

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	1161
1. PLACE OF DEATH	9	933	no
County	Balto	Merc / Ut// Registration Dist. No.	30
Village er City Word	(brook	No. Bellona avr	Ward
Length of residence in city or town where	7	f death occurred in a hospital or institution, give its NAME instead of stree  ds. How long in U.S. if of foreign birth?yrs	t and number)
ne	Elsauer Me L.	20 R	cond
2. FULL NAME Mary	11.10 V D. 11	If U. S. Veteran, specify WAR 70 TO	
(a) Residence: No. Aucy	(Usual place of abode)	If nonresident give city or tow	on and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	ТН
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. /7	th 193 7 (*rear)
5a. If married, widowed, or divorced HUSDAND of Mi. How E	. Me Linn	225 I HEREBY CERTIFY That I att	ended daceasad from
6. DATE OF BIRTH (month, day, and year)	May 7th 1850	500/15	3 ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3 Pm.	
87 6	10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	at Hours	Chronic myrcan	Date of enset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	801	1	, , , ,
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Toget time (years) spent in this occupation	V	
12. BIRTHPLACE (city or town)	<b>D</b>	Other Coutributory Causes of importance:  Common Mumbese	Nov. 17-
(State or country)	-l'Ema	Correr of Johnnoese	9
	unt (		
4 14. BIRTHPLACE (city or town)	Pause	Name of operation Dat	
9	me Fants 1	What test confirmed diagnosis? Was tha	
15. MAIDEN NAME RESCRE	Pemia	23. If death was dua to external causes (VIOLENCE) fill in also tha fo Accident, suicide, or homicide? Data of injury	
17. INFORMANT Row Clas	20 %	Where did injury occur? (Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) .IC PLACE,
18. BURIAL CREMATION OR COMOVAL Place Han be The Par	Date Nov 19 19 37	Manner of injury	
19. UNDERTAKER William (Adjoss) /2/7	y Cook	24. Was disease or injury in any way related to occupation of decease	ed? No
20. FILES 1 18 , 37 . 18	CHRALL Registrar.	(Address) A Paris	reoff M.D
75/	black to read allow Seas Prince	A Chala San A Balain B and C M	0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Arteriosclerosis			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DFC 2	July 5, 1927	Peritonitis	3 days ago
SURTAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1=495
Gallstones	May 1,1923	Gastroenteritis	1 year

5	MARGIN	RESERVED	MARGIN RESERVED FOR BINDING	4	
TE PLAINLY,	WITH UNFAD	ING INK-THIS	IS A PERMANEN	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	em
n should be care	fully supplied.	AGE should be	stated EXACTL	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	shou
SE OF DEATH is	n plain terms, so	o that it may be	properly classified.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	Ö
TION is very important. See instructions on back of certificate.	nt. See instruct	tions on back of	certificate.		

SIAIL OF	MARYLAND-	CERTIFICATE OF DEATH	1.713
1. PLACE OF DEATH		(942)	¢
County Baltimoro		Registration Dist. No.	0
Village or City Testhervel	(If	No. Accounting and St., death occurred in a hospital or institution, give its NAME instead of street and	
6. 4	ccurredyrs,mos.	ds. How long in U.S. if of foreign blrth?yrsm	10sds.
2. FULL NAME Glyas M	endeth		
(a) Residence: No. Aumana	Usua/place of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Coloud of	NGLE, MARRIED, WIDOWED, R DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 7 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE ot  Muttlie		22. LI HEREBY CERTIFY. Thet I ettended	deceased from
6. DATE OF BIRTH (month, day, end year) Oct 2	5.1877	I last saw he unalive on work. 1937	_; death is said
7. AGE Yaars Months	Oays It LESS than	to have occurred on the data stated above, at 6/5 A-m.	
60	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	Oate of onset
8. Trada, protassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	dur	Cormary Occlusion	11/8/37
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
10. Oate deceased lest worked et this occupation (month and year)	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	+ 1/w.	Other Contributory Causes of importance:	turte
I CONTRACTOR		Name of operation	
(Stata or country)	+ Va.	The state of the s	autopsy? CLO
15. MAIDEN NAME Cha	isterio	23. If daath was dua to axternal causes (VIOLENCE) fill in also tha followin	
16. BIRTHPLACE (city or town)	4 :0/-	Accidant, suicide, or homicida? Data ot Injury	
(Stata or country)	est ba	Where did injury occur?	
17. INFORMANT Des Ballie Mere (Address)	deth	(Specify city or town, county and Ste Spacity whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	i	Manner of injury	
Place Deasont Gest Oat	to Nov. 11. 312	Natura ot injury	
19. UNOERTAKER MISS. Seo. 18	Nochund	24. Was disease or injury in any way related to occupetion of decaasad?	ua
20, FILES 19 9 107 107 108	Registrar.	(Signed) Sulf Guller (Addrass) Sulvass	- M.O.
If more blanks		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i i	Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street var	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1201 6 329	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	. May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. No. 1

## of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(907)	11.
County Baltimore		Registration Dist. No.	40
Village or City Kingsev	0.10	No Befair Road St. f death occurred in a hospital or institution, give its NAME instead of street	
Langth of rasidenca In city or town whera	death occurration mos	sds. How long In U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Cologate	the meyers	If U. S. Veteran, specify WAR	
(a) Residence: No. Accela	(Usual place of abode)	St., Ward.  If nonresident give city or town	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200. 28 (Month) (Dey)	, 193 <b>7</b> (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Yaars Months	Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY, That I attal  1957, to 1957  1 last saw bar alive on 1958  1 to have occurred on the data stated abova, at 1958  The PRINCIPAL CAUSE OF DEATH end related causas of importance were as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Mdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BfRTHPLACE (city or town)	11. Total time (years) spent in this occupation  occupation	Other Centributery Causes of Importence:  Arterno - Scherres	10/20)
13. NAME Washington  14. BIRTHPLACE (city or town) (Stata or country)	nom	Name of operation Date  What tast confirmed diagnosis? Was there	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)	nany Weilliamer	23. If deeth wes due to externel causes (VIOLENCE) fill in elso tha foll Accidant, suicide, or homicide?	owing: , 19
18. BURIAL, CREMATION OR REMOVAL PIECE THE PROPERTY OF THE PRO	try Dec. 1 37	Mannar of injury	
19. UNDERTAKED ROBERTOR SELECTION SE	is references	24. Wes disease or jajury in any wey related to occupation of deceased if so, specify (Signed) (Addrass)	17

If more blanks at meeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	cample 1		Example 11	
The principal cause of dea of importance were as follows:	WS:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I Pila ElV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	EC 6 193	July 5, 1927	Peritonitis	3 days ago
	BURRAU V.	S.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			#	
				-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11715
1. PLACE OF DEATH	1653
County Baltimore	Registration Dist. No. 30
Village or City Cat onsville	No. Spring Grove State Hosp. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  18 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Samuel Israel Meyers	If U. S. Veteran, specify WAR
(a) Residence: No. 2105 Pennsylvania Avenue Baltimore, Maryland (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH  November 26 , 193 37  (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of —	22. I HEREBY CERTIFY, That I attended daceasad from
C DATE OF DIRTH (month day and month like A	I last saw h alive on about 3 45 mm, 19 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Yagrs Months Days If LESS than	to have occurred on the data stated above, at 3:45 pm.m.
46 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Changelalion Hange Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none	8 Ineside 8 J 26-19.37
9. Industry or business in which work was done, as SILK MILL, Saw Mill, BANK, atc.	Bed Sheet to bara in window !
11. Total tima (years) this occupation (month and spent in this	OK Hosh Bowles
year) occupetion la Baltimore, Maryland	Other Coutributory Causes of Importance:
(State or country)	Suredal in legal
13. NAME Chraham Megers	all life
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of Louisty)	What test confirmed diagnosis? Hesta Was there en autopsy? Mc
15. MAIOEN NAME ELECTION 3	23. If death was dua to external causes (VIOLENCE) fill Invalso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury_200_24, 19.3.7
(State of County)	Where did Injury occur? Specify city or town, county and State)
17. INFORMANT Hospital records	Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL  11.2 C-9.7	Menner of Injury Strang whate
Place Osedale Oate 19	Nature of Injury Hausein Slag a lead Sheet
act o he	
19. UNDERTAKER COLLEGE (Address)	24. Wes disease or injury in any wey releted to occupation of dacassed?
	(Signed) marshall B west A. M.D.
20, FILEO how 26, 193) handale 13 west	(Address) Catousvelle head

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	[	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2, 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Ve			
Land of the control o	car vide		
Other contributory causes of importance:		Other contributory causes of importance:	0.0
Gallstones	May 1,1923	Gastroenteritis	1 year
			Department

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY	PHYSICIAN
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V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### PHYSICIANS should state NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF	DEATH			(83) PU	
	County	Baltimore Co	unty		Registration Dist. No. 30	
1		Catons vil		(If	No. Spring Grove St. Hosp. St.,  death occurred in a horpital or institution, give its NAME instead of street and notes and an about the street and notes.  28 ds. How long in U.S. if of foreign birth? 13 yrs.? most	umber)
2.	FULL NAME	E Chester	Miller		If U. S. Veteran, Specify WAR	
		No. Salvation	Armv		St., Ward.	
	Balt	imore, Md.	(Usual place o	of abode)	If nonresident give city or town and :	State
		L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. S	male	white	S. SINGLE, MARI OR DIVORCED Singl	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH  November 14  (Month) (Day)	193_37 (Year)
5a.	If married, widowed, HUSBAND of (or) WIFE of	or divorced			22. I HEREBY CERTIFY, That I attended of January 16 , 19 36 , to Nov. 14	
6. D	ATE OF BIRTH (mo	nth, dey, end year) J	une 18, 1	902	Hast sew h im alive on November 14 ,1937	; death is said
7. AGE Years Months Days If LESS than				If LESS than 1 day,hrs.	to have occurred on the date steted above, et 10:30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
UPATION	Frede, profession kind of work SAWYER, But work wes do SAW MILL	n, or particular k done, as SPINNER, DOKKEEPER, etc iness In which one, as SILK MILL, BANK, etc	seaman,	laborer vation Arm	General-Paresisbef-	
12.	10. Date deceased	ast worked et ion (month and 2-1927 soum 1934 labo r fown)	11. Totel ti spen occu			
E.	13. NAME Wil	lliam Miller				
FATHE		ity or town)?			Name of operation	
ER	15. MAIDEN NAME	Catherine	Miller		23. If death was due to external causes (VIDLENCE) fill in elso the following:	
MOTHER		ity or town)?			Accident, suicide, or homicide?	
17.	INFORMANTH	ospital reco	rds		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
10	BURIAL, CREMATIO	N, OR REMOVAL	Unate 11-	16-1937	Manner of Injury	
10.	Plecase	, Farn Hale			110(010 01 11)01)	
	UNDERTAKER (Address)	from Haly	me Stat	w Hork	24. Wes disease or injury in any way related to occupation of deceased?	no

V. S. No. 1

-WRITE PL

æ,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

		- Linner	
HEALTH	DEPARTMENT-6	ITY OF	RALTIMORE
—		110	DALLIMONE

CERTIFICATE OF DEATH 944 1. PLACE OF DEATH Registered No. (If death occurred in CITY OF BALTIMORE: (No. ) a hospital or institution, give its NAME instead of street and number.) Length of residence for city or town where death occurred yrs .......ds. How long in U. S. If of foreign birth?.....yrs,.....mos......ds. If U.S. Veteran 2. FULL NAME specify WAR (a) Residence: No. (Usual place of abode) (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Marrled, Widowed, 21. DATE OF DEATH (month, day, year) 10-20 or Divorced (write the word) I HERRES CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND o (or) WIFE of ... 192 Death is said to have occurred on the date stated above, at 4.06 6. DATE OF BIRTH (month. day, year) The principal cause of death and related causes of Years Months Days If LESS than importance were as follows: Date of onset 1 day ......hrs. or.....min. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... Industry or business in which work was done, as silk mill saw mill, bank, etc ... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years this occupation (month and spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) Was an operation performed? For what disease or injury? .----Name of operation. 14. BIRTHPLACE (city or town) What test confirmed diagnosis? (State or country) Was there an autopsy 23. If death was due to external causes (violence) fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?......Date of injury...... 16. BIRTHPLACE (city or town) Where did injury occur?..

place

Registrar.

18. BURIAL OREMATION, OR REMOVAL
Place 12 2 3 193 Nature of injury

19. UNDERTAKE: 12 2 4 Was disease or injury

(Address) 19 11 so, speci

24. Was disease or injury in any way related to occupation of deceased?

Specify whether injury occurred in industry, in home, or in public

(Specify city or town, county, and State)

(Signed) PJ (MA) MA

(State or country)

17. INFORMANT

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1915 1 week ago Arteriosclerosis Attack of epilepsy 1921 1 week ago Chronic interstitial nephritis Run over by street car Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1. 1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH  County  Village or City  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred or the death occurred on the date stated above, at 3, 194, 194, 194, 194, 194, 194, 194, 194	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11719
Village or City.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  A. S. How from in U.S. if of fresidents of steet and number)  Langth of residence in city or town where death occurred.  (a) Residence: No.  Langth of residence in city or town where death occurred.  (bust place of shock)  FERSONAL AND STATISTICAL PARTICULARS  S. SINGLE MARKED.  S. S. SINGLE MARKED.  S. S. SINGLE	1. PLACE OF DEATH	48 3 -
Langth of residence in city or lown where death occurred	County Saltimore	Registration Dist. No.
Langth of residence in city or town where death occurred of the control of the co	Village or City Ellies telly	No. Frederick Road St., Ward
(a) Residence: No.  (Usual place of a bode)  PERSONAL AND STATISTICAL PARTICULARS  S-SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (earlier the wind)  Sa. If married, widowed, stadiverced (cr) wife of (cr) wif		
(a) Residence: No.  (Usual pace of a bode)  PERSONAL AND STATISTICAL PARTICULARS  S-SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED, OR DUYORED (earlier the world)  Sa. If married, widowed, st. driverced (early by foreign)  (or) will fel (earlier by the book of the book of the book of the pace of the book of the pace of the pa	2. FULL NAME Mary Louis Mus	Ass If IL S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS  S-SEX  4. COLOR OR RACE  S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (unive the world)  Sa. It married, widowed, op-divorced HUSARDO (Oby)  E. DATE OF DEATH  21. DATE OF DEATH  22. I HERE BY CERT I, FY, That I attended deceased from the side state above, at J. How the state of the state state date on. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	(a) Recidence: No The down A Rd	
3. If married, widowed, scrivorered In provided a stated above, at 3, 10, m. In parried, widowed, scrivorered In provided a stated above, at 3, 10, m. In parried, widowed, scrivorered In parried, scrivor, and In parried, scrivorered In parried, widowed, scrivorered In the REBB CERTIFY, That I altended deceased from In parried, widowed, scrivorered In parried, widowed, scrivorered In parried, widowed, scrivorered In parried, widowed, scrivorered In the scrivorered in the date stated above, at 3, 10, m. In parried, widowed, scrivorered In parried, widowed,		
OR DIVORCED (write the world)  53. If married, wickneed, gr. divorced HUSBAND of (cr) wife of HUSBAND of (cr) wife of (cr)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sa. If married, widowed, g.d.fworced HUSBAND   Sa. ITLESS than   19		YTV. 73 193 /
6. DATE OF BIRTH (month, day, end year)  7. AGE  Year  Mopfin  Days  If LESS than  I dayhrs.  Ormin.  18. Trede, profession, or perticular wind of work done, as SPINNER, SAWER, BODKEFER, etc.  SAWER, BODKEFER, etc.  Your  10. Troblet deceased last worked at this occupation (month and spant in this occupation (month and spant in this occupation)  (Siste or coughty)  12. BIRTHPLACE (city or fown)  (Siste or opanty)  13. INFORMANT  (Address)  14. BIRTHPLACE (eity or town)  (Signe or pounty)  15. BIRTHPLACE (eity or town)  (Signe or pounty)  16. BIRTHPLACE (eity or town)  (Signe or pounty)  17. INFORMANT  (Address)  24. Was there an autopsy?  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  Namer of injury  Nature of injury  Netter of injury  Nature of injury  Nature of injury  Netter of injury  Nature of injury in any wey related to occupation of deceased?  If so, specify  (Signed)  M. D.  (Address)		(Tear)
T. AGE  Yest  Mopring  Days  If LESS than I day  The PRINCEPIA CAUSE OF DEATH and related causes of Importance were as follows:  Date of operation  Work was done, as SPINKE, SAWYER, BOOKKEPER, etc.  1. In Total time (years) SAWYER, BOOKKEPER, etc.  1. In Total time (years) SAWYER, BOOKKEPER, etc.  1. In Total time (years) Spent in this occupation  Other Coentributory Coenses of Importance:  Other Coentributory Coenses of Importance:  Other Coentributory Coenses of Importance:  What test confirmed diagnosis?  Was there an autopsy?  Is. MAIDEN INAMEL  Is. MITTOLARY INAMEN INAMEL  Is. MITTOLARY INAMEN INAMEL  Is. MITTOLARY INAMEN I		
State or country   State or country	6. DATE OF BIRTH (month, day, end year) Suly 1, 18 76	Hast saw h_e alive on
8. Trede, profession, or perticular SAW Fig. 1904KEPEP, de. 9. Indistry or business shinker. 9. Indistry or business in which work was done as SILK MILL, SAW Fig. 1004KEPEP, de. 10. The deceased last worked at years apent in this occupation (month and year). 11. Total time (years) apent in this occupation for country)  12. BIRTHPLACE (city or town). (State or country)  14. BIRTHPLACE (city or town). (State or country)  15. MAIDEN PRANCE (city or town). (State or country)  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT. (Address)  18. BURIAL, CEMPATONY OR HEMOYAN.  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 11. 7 137, 19.  PLACE (Signed)  Ann. D. Address)  Ann. D. Address.  Date of Injury.  Name of operation.  Date of Injury.  Where did injury occurr?  (Specify city or town, country and State).  Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Manner of Injury.  19. UNDERTAKER (Address)  20. FILED 11. 7 137, 19.  PROPERTY OF THE PLACE (City or town) of the country of the		
S. Trade, profession, or perticular kind of work done, es SPINNER, SWYER, BODKKEPPER, etc.   9. Indicatory or business in which work was done, as SILK MILL, SWY MILL, BRAY, etc.   12. BIRTHPLACE (city or fown)		ware as fallows:
12. BIRTHPLACE (city of rown).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN REMERIES  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIONY OR REMOVA)  Place  Date  Other Contributary Causes of Importance:  O	8. Trede, profession, or perticular kind of work done, es SPINNER.	
12. BIRTHPLACE (city of rown).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN REMERIES  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIONY OR REMOVA)  Place  Date  Other Contributary Causes of Importance:  O	SAWYER, BOOKKEEPER, etc.	Cacqui oma 4 1900
12. BIRTHPLACE (city of rown).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN REMERIES  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIONY OR REMOVA)  Place  Date  Other Contributary Causes of Importance:  O	work was done, as SILK MILL,	
12. BIRTHPLACE (city of rown).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN REMERIES  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIONY OR REMOVA)  Place  Date  Other Contributary Causes of Importance:  O	10. Date deceased last worked at 11. Totel time (years)	occours o
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CRÉMATORY OR GEMOVAL  Place  (Addless)  19. UNDERTAKER  (Addless)  20. FILED 11. 7. 5. 37., 19. Separation  (Address)  21. In so the following:  Accident, suicide, or homicide?  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Address)  (Signed)  (Address)	- this secupation (month and	
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Space or acountry)  15. MAIDEN RANGELLE  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIONY OR HEMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED 11. 7. 5. 37, 19.  (State or country)  (State or country)  Name of operation.  What test confirmed diagnosis?  Was there an aulopsy?  What test confirmed diagnosis?  Was there an aulopsy?  23. If death wes due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)	12 BIRTHPLACE (city of fown) 2 albertow,	Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there an aulopsy?  15. MAIDEN RAMERIA Secretary of town)  16. BIRTHPLACE (city or town)  (State of country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION OR REMOVA)  Place  (Address)  Date  OV - h (, 19.3)  Manner of Injury  Nature of injury  Nature of injury  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  Mathetest confirmed diagnosis?  Was there an aulopsy?  23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Obate of Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  (Address)  Manner of Injury  Nature of injury  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  M. D  Address)  M. D  Address  Mathetest confirmed diagnosis?  Was there an aulopsy?  Accident, suicide, or homicide?  Obate of Injury  Nature of injury  Nature of injury  (Signed)  (Signed)  M. D  Address  Mathetest confirmed diagnosis?  Mathetest confirmed diagnosis?  Mathetest confirmed diagnosis?  Mathetest confirmed diagnosis?  Accident, suicide, or homicide?  Obate of Injury  Nature of injury  Nature of injury  (Signed)  Mathetest confirmed diagnosis?  Mathetest confirmed in Industry  Mathetest confirmed in Indus		Mine My Rardita =
What test confirmed diagnosis? Was there an aulopsy?  15. MAIDEN RAMERIA SECRET COUNTRY)  What test confirmed diagnosis? Was there an aulopsy?  23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury.  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  Manner of Injury.  19. UNDERTAKER  (Address)  Date OV - A (. 19.3)  Manner of Injury.  19. UNDERTAKER  (Address)  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  Math test confirmed diagnosis?  Was there an aulopsy?  23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Opate of Injury.  Nature of injury occurr?  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  M. D  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Opate of Injury.  (Specify city or town, county and State)  Specify whether Injury occurr?  Nature of injury.  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  Math test confirmed diagnosis?  Accident, suicide, or homicide?  Accident, su	II 13. NAME famuel Luigenfelte	
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15. MAIDEN NAMEL 223. If death wes due to externel ceuses (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED 11/2 5/37, 19  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  (Signed)  (Signed)  (Signed)  (Address)  M. D  (Address)  M. D  (Address)	(State or gountry)	What test confirmed diagnosis? Was there an aulopsy?
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Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION OR HEMOVA  Place  Place  Out  Out  Out  Out  Out  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  Out  Out  Out  Out  Out  Out  Out  Ou	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVA) Place (Address)  19. UNDERTAKER (Address)  20. FILED 11. 2. 5.1.37, 19.  19. UNDERTAKER (Address)  (Signed)  (Address)	S (State or country)	
18. BURIAL, CREMATION OR REMOVAL Place Place Place Oute OV - 1. (2, 19-3) Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Address)  (Address)  (Address)		Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place 1 101 - h (, 19-3)  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Address)  (Address)  (Address)		Manner of Injury
19. UNDERTAKER (Address)  24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  M. D  (Address)  (Address)  (Address)	Place 1 7 70 6 1937	
20. FILED 11/2 5/37, 19 Seful Registrar. (Signed) (Address) Eller of Long M. D.	19. UNDERTAKER / 5 Caston Saco	
20. FILED ALT. 19 Jefful Registrar. (Address) Eller of Loty my	(Address) Selecate City.	If so, specify
py w		
	organity.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
DFC 2 1937			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF	F DEATH			que	
County	altimore			Registration	on Dist. No. 32
/	ity Pikesville		(li	ND.  death occurred in a hospital or institution, give its NA  ds. How long in U.S. if of foreign birth?	
2. FULL NAI	ME Elizabeth 1	lyer		If U. S. Veleran, specify WAR_	
(a) Residen	ce: No.Pikesville	R.F.D.	#7, Md.	St.,Ward.	ent give city or town and Stale
PERSON	AL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE STREET	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 8t	h, 193 <u>7</u>
5e. If married, widow HUSBAND of (or) WIFE of		00 100			FY. That I attended deceased from Nov. 8th, 187
7. AGE Yee	0 8	Deys	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, et	OA •m.
9. Industry or work was SAW MIL	vork done, es SPINNER, BDDKKEEPER, etc.  BDDKKEEPER, etc.  L BANK, etc.  Beliest worked et  Beliest worked et  Beliest worked et	Iome duti	es ime (years) nt in this:	Cerebral thrombosis  Dither Contributory Causes of Importence:	2 hrs.
12. BIRTHPLACE (cit	ntry) Md.	lle		Arterial hypertension Arterio-sclerosis	
H 14. BIRTHPLACE	country) Marylar	nd		Nama of operationClinics	Data of
16. BIRTHPLACE (State or	Mrs. H. A. Dey	land ries		23. If deeth wes due to externel causes (VIOLENCE Accident, suicide, or homicide?  Where did injury occur?  (Specify city Specify whether injury occurred in INDUSTRY, in	Dete of injury, 19
(Address)  18. BURIAL, CREMAT  Place			75e1, O	Menner of injury	
19. UNDERTAKER (Address)	mc (1000 + 0	orphano	ams Co. chols	24. Was disease or injury and way related to och if so, specify (Signed)	cupetion of decessed? NO M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

			OF MAR	YLAND-	CERTIFICATE OF DEATH	1721
1. F	LACE OF DEA	TH A. M.	· · ·	P	93-0	(
1	County / /	ellima	re co	ours	Registration Dist. No. 3	2
/	Village or City_tt_9	Solves	d One	(III	/St.,St.,	number)
/	Length of rasidence In ci	ty or town where	death occurred	yrsmos	ds. How long in U. S. If of foreign blrth?yrsr	nosds.
2. 1	ULL NAME	Eliza D	u nes	son		
	(a) Residence: No.	tapels	rond V C	IT Ilea	Ward.  If nonresident give city or lown an	1 C
	PERSONAL AN	D STATIST	(Usual place		MEDICAL CERTIFICATE OF DEATH	d State
3. SEX		R OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 27	, 193
5a. If r	narriad, widowed, or dive	rced		Ū ·		(Teat)
(6	USBANO of or) WIFE of		-		22. I HEREBY CERTIFY, That I attended Nov. 24 19 37 to Nov. 26	
c D.17	r or nibrit (month do	4	m /1. 1	856	Hast saw here alive on Mov. 26 193	13/
7. AGE	E OF BIRTH (month, da Years	Months	Oays	If LESS than	to have occurred on the date stated above, at 40-2 m.	,
	81	7W	16	1 day,hfs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.6
z   8	. Trade, profession, or p	articular			Chromic Theyo carchitis	Care of onest
임	kind of work done. SAWYER, BOOKKE					
NPA	mdustry or business in work was done, as SAW MILL, BANK,	SILK MILL.	droc	ue "		
OCCUPATION	Date deceased last wo this occupation (mo yaar)	rked at inth and	11. Total t	ime (years) nt in this upation		
12 DII	RTHPLACE (city or town)	4			Other Contributory Causes of importance:	unkum
12. DI	(State or country)		allo		arteris o clavories	anknow
E 13	. NAME Colo	ree /	Telson			
FATHER 14	. BIRTHPLACE (city or to	own)		A	Name of operation	Proc
	(State or country)	1/2	ur jo	2 se	What test confirmed diagnosis? Was there an	autopsy? 264
MOTHER 12	. MAIOEN NAME	lia	Midle	20	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
Q 16	. BIRTHPLACE (city or to (State or country)	own)	9		Accident, suicide, or homicide? Oate of Injury	, 19
	ORMANT Miss	Beli	o Pine	boon	Whara did Injury occur?  (Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ale) LACE,
19 DII	(Address) // RIAL, CREMATION, OR	REMOVAL	4 0+0	Leasant	À	
10, 50	Place Bal	to Cen	- Date Mon	30 1937	Manner of injury	
	0.1	1	00 -1	1	Nature of injury24. Was disease or Injury In any way related to occupation of deceased?	No
19. U-N	DERTAKER (Address)	2008	July	no 1x	If so, specify	
00 5	16600	27	71/13	1100	(Signed) When Co In a them	M. 0
20, FII	ED. 21.00. 2.7.	100-1-1	·- /- /- 1-J-	Registrar.	(Address) 6304 Belan	Corand

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Mallimere	Registration Dist. No. 7
Village or CityEUDOWOOD SANATORIUM, TOWSUN, I	MD. ND. St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  1 ds. How long in U.S. if of foreign birth?
2. FULL NAME Kenneth Esmond Nob	1
(a) Residence: No. 3014 N. Gelemmentar	f St Ward Belline
(a) Residence: No. 3019 // Gual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  North 29  (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Fubura 12, 1937, to When 29, 1937
6. DATE OF BIRTH (month, day, and year) Lextenle, 21, 1913	I last saw h 1 alive on 1 1 1 29, 1937; death Is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at $\mathcal{L}:SOA$ m.
24 2 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
Kirade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc.	Pullumay Interactoris February
9. Industry or business in which work was done, as SILK MILL Grocery of SAW MILL, BANK, etc.	4,193
O 1D. Data deceased last worked at 11 Total time (years)	
this occupation (month and 15 77 spent in this occupation 3	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Ldallo (State or country)	
1	
E Person	Nama of apprellan MAP
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
# 15. MAIDEN NAME Llonge Livetsei	23. If death was dua to external causas (VIDLENCE) fill In also the following:
15. MAIDEN NAME Flower Switzer  16. BIRTHPLACE (city or town) Mont.  (State or country)	Accident, suicide, or homicide? Data of Injury, 19
	Whare did Injury occur?
Personal HistoryHospital Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addres Fudowood Sanatorium, Towson, Md.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Placa July Date Alle , 193	Nature of injury
19. UNDERTAKER Slewart & Morgues Co.	24. Was disaase or injury in any way ralated to occupation of deceased?
(Address) 108 W. Marthagen	If so, specify
20. FILED 19 , 19 J. J. J. J. J. Registrar.	(Signed) Md. M.D.  (Address) Towson, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	16
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N.S. N.

	STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	1723
1. PLACE OF	DEATH			(46-A)	1
County	Baltin	ore		Registration Dist. No.	/
Village or City	- 0			No.	Ward
	ence in city or town where d	, ,	yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?rs	number)
2. FULL NAM	IE Lou	isa n	Lores	If U. S. Veteran, specify WAR	
(a) Residence	e: No	CUsual place of		St., Ward.  If nonresident give city or town and	d State
PERSONA	L AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX Verale	4. COLOR OR RACE Colored	5. SINGLE, MARRIE OR DIVORCED (	ED, WIDOWED, write the word)	21. DATE OF DEATH  November 11  (Month) (Day)	., 193 7 (Year)
5a. If merried, widowed HUSBANO of (or) WIFE of	d, or divorced		9	22. A HEREBY CERTIFY, That I attended Ou sust 10, 1937, to November	I deceased from
6. DATE OF BIRTH (m		about	60	I lest saw here elive on housed les 1, 193	); deeth is said
7. AGE Yeers	Months	Days	If LESS then 1 dey,hrs. ormin.	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	
NO SAWYER, B	rk done, as SPINNER, BOOKKEEPER, etc	Domes	-4	lassinoma z stomach	Oate of onset
10, Date deceased this occupe	isiness in which ione, es SILK MILL, BANK, etc	11. Total time spent i	yeers) n this		
12. BIRTHPLACE (city (State or countr	or town) - 5 p	astr	urland	Other Contributary Causes of importance:	Sept. 1937
₩ 13. NAME	Y/ware	a mal			
13. NAME  14. BIRTHPLACE (C) (Stete or co		Spark	2. Sauce	Name of operation	
15. MAIDEN NAMI	E 5-0/	i Br.	7-1-01	Whet test confirmed diagnosis?	
15. MAIDEN NAMI	city or town)	spark	aland	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the followin  Accident, suicide, or homicide?	, 19
17. INFORMANT	Mrs. Soplu	e John	antrud	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL, CREMATIC	ON, OR REMOVAL	Oete from	14,1937	Menner of injury	
19. UNOERTAKER (Address)	Wm. C.	Brooks	of Sand	24. Was disease or Injury in any way related to occupation of deceased?	ho
	11	1. 10 1	4.9		

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Dest Registrar.

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Chronic interstitial nephritis : 1 1 5 D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 2 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA	County	Baltimore				Registration Dist, No.	.38	
10		or City TOWSO	n where	death occurred	7 vrs mos	NoSt.,  Of death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?yrsmos		
statement	2. FULL	NAME GEORG	E E	ODELI		If U. S. Veteran, specify WAR no		
		sidence: No. 310		W KOAQ (Usual place	of abode)	St., Ward.  If nonresident give city or tox		
Exact		ONAL AND STA				MEDICAL CERTIFICATE OF DEA	тн	
	male	4. COLOR OR RA		OR DIVORCE	RRIED, WIDOWED, D (write the word) Pried	21. DATE OF DEATH  Nov 20, 1937  (Month) (Day)	, 193 (Year)	
ciassined.	5a. If married, v HUSBAND (or) WIFE	nf	BOR	N ODELI		22. I HEREBY CERTIFY, That I att		
	6. DATE OF BII	RTH (month, day, and year Years Mo	r) N	OV.8.18	170	l lest sew h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19		
properly certificate	8. Irade	67	0	12	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of important were as follows:	Oata of on	
t it may be on back of c	9. Industry	orofession, or particular of work done, as SPINM yYER, BOOKKEEPER, etc y or business in which k was done, as StLK MILI y MILL, BANK, etc		een Mou		Chr Intential regulation	5 4	
erms, so that instructions o	12. BIRTHPLAC	E (city or town) Bal		OCC	upation	Other Cantributary Causes of importance:		
instr	13, NAME	John Dix	on	Odell				
See .	(Sta	LACE (city or town)E	alt	o. Co.	Md.			
important.	15. MAIDEN	I NAME Sarah  LACE (city or town) Ba		Holbro		23. If death was due to external causes (VIOLENCE) fill in atso the following:  Accident, suicide, or homicide?		
or Dea very im	17. INFORMANT (Addres:	Mary (	sbo k R	rn Odel	l wson	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, to HOME, or in PUBLIC PLACE.		
2.5		Grany Mour			0	Manner of injury		
TION	19. UNDERTAKE		W P	Gulf Nace, Ba	Ito-Mal	24. Was disease or injury in any way related to occupation of decease tf so, specify		
	20, FILED	an 137 l	X	Merally	ANT Syl	(Signed) Clewell House (Address) Balto. Ave. & Jappa		

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1		Example II	
Date of onset	The princip of importan	Ses Date of onset	
1915	Attack of, epi	1 week ago	
1921	Run over by	street car	1 week ago
July 5,1927	Peritonitis	DFC 2 1937	3 days ago
		BUREAU V. S.	
May 1,1923		1 year	
	1915 1921 July 5,1927	1915 Attack of epi 1921 Run over by July 5,1927 Peritonitis  Other contr	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

# ARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO.D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(48)
County Ballimore	Registration Dist. No. 3/
Village Dr City Villa Nora	ND. 4006 Bushington Post St., Ward death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Colinabette a. Baker Pale	If U. S. Veteran, specify WAR.
(a) Residence: No. 4006 Buchnightan (Vous (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Nov- 247, 1937  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Commanuel Calmer	22. I HEREBY CERTIFY. That I attended deceased from
10. 22-1141.	(191) 19.) 7., to Nor 24th 192)
6. DATE OF BIRTH (month, dey, and yeer)	I last saw h la elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at2.445 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or perticular	were as follows:
6. Hade, profession, of periodial kind of work done, es SPINNER, Houseunge SAWYER, BDDKKEEPER, etc.	(Dlerus Tukes)
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end	( Colors views)
SAW MILL, BANK, etc	
O 10. Date deceased lest worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) Charles les	Dther Contributory Causes of importance:
(State or country)	So.: O: E.
I 13. NAME James 4 Mourae	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country), Manyland	What test confirmed diagnosis? Clinical Comme Was there an autopsy?
15. MAIDEN NAME Melvina Rober	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Melvina Policy  16. BIRTHPLACE (city or town)  (State or Country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Frances Cet eters (Address) 4006 Bushingham Post	(Specify or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MIllary Clarity Date Plot 7/, 19.37	Neture of injury
19. UNDERTAKER Harry Harris Ha	24. Was disease or injury in eny way related to occupetion of deceased?K
20. FILED 70 20 1932 Wm & Martin Registrar.	(Signed) Q G G Noor M. D.  (Address) 4936 Park Hat are
If more blanks are needed address State Registrar	Charles Street Relimore Persetting 71 S. No.

Dallo.

## MM EMart

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1	h	Example 11			
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	BEFFELVE	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephr	itis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	DEC 6 1937	July 5,1927	Peritonitis	3 days ago		
	SAPPAU V. S	- 1				
Other contributory cau	ises of importance.		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

V. S. No. 1 N. B.—

STATE OF  1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	1726
County Baltimore		Registration Dist. No. 3	1
Village or City	- HIN F09#1 1152 9	No. St	Ward
2. FULL NAME Selas.  (a) Residence: No.		death occurred in a hospital or institution, give its NAME instead of street and includedds. How long in U.S. if of foreign birth?yrsme	osds.
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193_7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Or January	10	22. I HEREBY CERTIFY, That I attended  Tuly 19 27 to 2002 2 9	deceased from
5. DATE OF BIRTH (month, day, and year)	.20, 1875	I last sow h alive on	2; death is said
7. AGE Years Months	Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	owenife	Carmona I breast with	Date of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town) Bacto	6.3	Other Contributory Causes of Importance:	
(State or country)	augland	<u> </u>	
13. NAME Calfied 9  14. BIRTHPLACE (city or town)  (Stata or country)	Ets. Cara	Neme of operation Cerronal John Dete of	1427 autopsv? W
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	leto Ga	23. If death was due to external ceuses (VIOL ENCE) fill in also the following Accident, suicide, or homicida? Dete of injury	g:
17. INFORMANT LOS J. R. C. (Address)	Payne ton mil	Where did injury occur?	ace,
18. BURIAL, CREMATION, OR REMOVAL Place St. Games. De	te Nov. 2, 1937	Manner of injuryNature of injury	
19. UNDERTAKER Was C. B. (Address)	water the	24. Wes disease or Injury In any way related to occupetion of deceased?  If so, specify	w.
20. FILED 70v. 22, 1937 am	a Price	(Signed) (1, 14. Hance) (Address) Parleton, Ing	/M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
			31
Other contributory causes of importance:		Other contributory causes of importance 2 1937	
Gallstones	May 1,1923		1 year
		Alux. J. P.	8,1

 ADDITION	OF N	HDDLE	INITIAL	S.	authorized	by	informant	in	person	May	21.	1940.	- L
								-					

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DEA	TH				
Cou	nty Balti	more			Mt. Wilson Branch, Mo.	32
/	age or CityN			()f 3_yrs_Qmos	MU. WIISON BEAUCH, M.C.  NO. Tuberculosis Sanatorium, death occurred in a horpital or institution, give its NAME instead of street at 20. ds. How long in U.S. if of foreign birth? 25.yrs. ?	Ward number)
2. FUI	I NAME J	osenh P	errera		If U. S. Veteran, specify WAR	
		_		ton Ave.	st., Ward. Baltimore, Md.	and State
PE	RSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Mal	e V	r or race Thite	or Divorce Mari	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 28, (Day)	, 193. <sup>7</sup> / <sub>(Year)</sub>
5a. If marrie HUSBA (or) W	ed, widowed, or divo AND of Mary IFE of	Perrer	a		22. I HEREBY CERTIFY, That I attend November 8 , 1934 , to November	ed deceased from 28, 19 37
6. DATE OF	BIRTH (month, da	v. and year) Ma	rch 5.	1887	I last saw him alive on November 28 , 193'	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7. 5.5 A.m.	
VI 0.7-0	50	8	23	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
	de, profession, or p kind of work done, SAWYER, BOOKKEI ustry or business II work was done, as SAW MILL, BANK,	PER, etc	Tailor		Pulmonary Tuberculosis	March 1934
	SAW MILL, BANK, ie deceased last wo this occupation (mo year)	rked at	SDS	time (years) ent in this upation 22		
12. BIRTHP	LACE (city or town) ite or country)		own,		Other Coutributory Causes of importance:	
13. NA	ME Paul I	Perrera.				
H 14. BIR		wn) Unkr			Name of operation_NoneDate o	
15. MA	IDEN NAME	Rachel A	loria.		What test confirmed diagnosis? X=ray, and westhere tubercle bacili were found is 23. If deeth was due to external causes (VIOLENCE) fill in also the follow	n sputur ving:
15. MAI	THPLACE (city or to	Unk	cnown,		Accident, suicide, or homicide? Date of Injury	
17. INFORM	(State or country)	is R. S	Italy.	olz,	Where did Injury occur?	State) PLACE,
18. BURIAL,	dress)  REMATION, OR I		74	. at	Manner of Injury	
19. UNDERT	TAKER Frandress) 52 V	R Willi	a Noce	alto Md	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify	) No
20, FILED	NOV 28	1937 J	Bank	Meldie Registrar.	(Signed) Address) Mt. Wilson, Md.	M. D.
		If more	blanks are needed	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago		
1 10 10 10 10 10 10 10 10 10 10 10 10 10					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

should state

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEAT				950 11 70				
	obblity	imore			Registration Dist. No. 00				
1	Village or CityC	atonsvil y or town where d		1 yrs, 11 mos	No. Spring Grove State Hospitalt,  death occurred in a hospital or institution, give its NAME instead of street and it.  ds. How long in U.S. if of foreign birth?	1			
2	. FULL NAME	Allen Po	ole		If U. S. Veteran, specify WAR				
î	(a) Residence: No.		unswick	Ave.	St., Ward.				
	Beltim	ore, Md.			If nonresident give city or town and	State			
	PERSONAL ANI	D STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH				
3. 5	male w	or race	OR DIVORCE	RRIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH  November 11  (Month) (Day)	, 19337_ (Year)			
58.	If married, widowed, or divor HUSBAND of (or) WIFE of	Mary B.	Poole		22. I HEREBY CERTIFY, That I ettended Jamuary 3 19.37., to November 11				
6. I	DATE OF BIRTII (month, day,	end year) Ju	ly 13, 18	865	I last saw h im aliva on November 11 ,1937				
7. /	GE Years 72	Months 3	Days 29	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at5.32_mp om o  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of onset			
OCCUPATION	Trade, profassion, or pal kind of work dona, a SAWYER, BODKKEEF		carpent	ər	Senility bef.	1936			
PA.	Industry or business In work wes done, as S SAW MILL, BANK, et	Which ILK MILL,	general	building	Generalized arteriosclerosis	- 11			
סככו	10. Data deceased lest work this occupation (mon year)	ked at		time (years) ent in this ? upation	Arteriosclerotic heart disease "				
12.	BIRTHPLACE (city or town)_ (Stata or country)	Winch	ester. V		Dther Caatributary Causes of importence:	-			
œ	13. NAME Martin	Poole		E 1					
FATHER	14. BIRTHPLACE (city or tox (Stata or country)	Vingi	nia		Name of operation Date of Date of What test confirmed diagnosis? Clinical Was there an a				
ER	15. MAIDEN NAME	Nancy Mc	Ginnis		23. If death was dua to axternal causas (VIOLENCE) fill in also the following				
MOTHER	16. BIRTHPLACE (city or town (Stata or country)	wn)Irel	and		Accident, suicide, or homicide?	, 19			
	(Address) 9	r L. Poo	wick St.		(Specify city or town, county and Stat Spacify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.			
18.	BURIAL, CREMATION, DR RI	emoval Church C	emetery Data	Nov. 15, 19.3.7	9 Mapner of Injury				
	UNDERTAKER JO	hn F. De 5 Light	nny Street		24. Was disease or injury in eny way related to occupation of daceased?  If so, specify	no			
20.	FILED, 1	9,	Colon	Registrar.	(Signed) The June 4. Hospital	M. D			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		to to the	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		\ b /	

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	729	
1. PLACE OF DEATH		(23)		
County Baltemor	e .	Registration Dist. No. 3	3	
Village or City O wy 2	nillo, hid	No. Rosewood State Training Schools,	Ward	
Length of rasidanca In city or town whare de		f death occurred in a hospital or institution, give its NAME instead of street and not see that the second of seco		
2 FILL NAME Makal	Shinktl. P.	ettymanu S. Veteran, specify WAR		
(a) Residence: No. Sur	11:10 Jud	St. Ward.	•••••	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and S	State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
Jemela Hhite	5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)	193. <b>7</b>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended d		
6. DATE OF BIRTH (month, dey, end yaar)	une 19, 1924	I last saw h A alive on 20 19 37	,	
7. AGE Yeers Months	Days If LESS than	to have occurred on the data stated above, at 3:08 4 m.	, 555	
13 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0.4.4	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	mate : Rosewood	Congenital Hybroceshalus	Congar	
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	ulls mal	Pulmonary Tukorulosio		
10. Date dacaased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation	0		
12. BIRTHPLACE (city or town)	- Hill , Inl	Dthar Contributory Causes of importance:		
1 0	Pretturnen			
13. NAME Ralph S.  14. BIRTHPLACE (city or town)	iginla	Name of operation		
100	Bradlord	What test confirmed diagnosis? Was there an au		
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	angland	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?		
17. INFORMANT Institutional (Addrass) State (rain	Recordo : Round	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATION, OR REMOVAL Place Kasward Cenn	Deta Mov. 22 1937	Menner of Injury		
19. UNDERTAKER FElixin o (Addrass) Pensterston	4	24. Was disease or injury In any way related to occupation of daceased?	n	
20, FILED Nov- 22, 19.57	Rowe Price Re	(Signed) George C. medany (Addrass) Olima millo M	M. D.	

MII N. Charles Street, Baltimore, Requesting U. S. No. 1.

If more blanks are needed, address State

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	1-1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			_
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHISICIAN

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		- (23)	2 4
County Baltimor			Registration Dist. No.
Village or City Catouard			Hospital St., Ward
Length of residence In city or town whara			orelgn birth?ds.
2. FULL NAME Walter (a) Residence: No. 7 Mar	Ronalda	If U. S. Veteran, sp	pecify WAR Spanish American U
(a) Residence. No	(Usual place of abode)	atterelle Md.	If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MÉDICAL CEI	RTIFICATE OF DEATH
S. SEX 1. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Mer 18 , 1937
ia. If married, widowad, or divorced HUSBAND of (or) WIFE of Matilda.	B. Onig Regalla		CERTIFY, Thet i ettended decessed from 934. to November 18., 1927.
5. DATE OF BIRTH (month, day, and year)	882 - Man 22	.//	77. 18 , 1977 ; death is sale
AGE Years Months	Days If LESS than	to have occurred on the data stated	. 16
55 5	26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	end ralated causes of importance  Date of onset
8, Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Barber	Jan Pa	10-10 Rolan 1934
9. Industry or business in which	Barberston	Cerebral Hemi	mage Nov. 1937
10. Data deceased last worked at this occupation (month end	11. Total time (years)	Non-smeisie n	a/ Seft lung) nixed infection / Nov. 193,
year)  12. BIRTHPLACE (city or town) Survey	y Virginia	Other Contributory Causes of Import	ance:
(State or country)	V D. Dela		
13. NAME John M	Henacus	11/ .	
14. BIRTHPLACE (city or town)(Stata or country)	ergenia	Name of operation	is Lat Anat Was there an autopsy? You
15. MAIDEN NAME Betty	E. Kendrick	23. If daath was due to external cause	es (VIOLENCE) fill in elso the following: Non
16. BIRTHPLACE (city or town)	Virginia.	Accident, suicide, or homicide?	No Date of Injury, 19
(State or country)		Where dld Injury occur?	None
17. INFORMANT Matilda C. (Address)	raig Renalda	Specify whather injury occurred in	(Specify city or town, county and State) INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVE M	Date 19, 19	Manner of Injury	None
19. UNDERTAKER & Sacha (Address) Adams	Sons mb	24. Was diseasa or Injury In any way	11/2
20. FILED 11-19 1937 1	10.16	(Signed)	u I Kuntel M.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

nation should be carefully supplied.

-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPAULV, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
VDDITIONVI	DI AUL	LAIL	T. OTCL TITUE	DIVITINITINI	10 1	T TI I DIOTOTA

V. S. No. 1

	Registration Dist. No. 3D
County Mullimore	
Village or City Trays	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Elevabeth Catherine	D. le la a vision and was
0.1 10 -	Curle Co. Veteran, specify WAR.
(a) Residence: No. Merry Sellent Cety, May (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Rov 18 193.7.
. If married, widowed, or divorced	(Month) (Dey) (Yéar)
HUSBAND OF John N Runkles.	22. I HEREBY CERTIFY. Thet I ettended decessed fr
DATE OF BIRTH (month, day, and yeer) / 96 /	I lest sew h = alive on fee (5 19 3); deeth is s
AGE Yeers Months Deys If LESS than	to heve occurred on the date steted above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related eauses of Importence
( )	were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOUKKEEPER, etc. At Rossel	Similar - Mounon B
9. Industry or business in which	- Man
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1937 spent In this occupation difference occupation differenc	
	Dther Centributory Canoes of Importance:
(State or country)	Le John / Sauch
(Stete or country) Maryland	2. John / Stouch
- 4	2. July -/ Stouch
13. NAME Godfrey 7 moch.  14. BIRTHPLACE (city or town)	Neme of operation
13. NAME Godfrey 7 moch.	
13. NAME Godfrey 7 moch.  14. BIRTHPLACE (city or town)	Neme of operation
13. NAME Godfrey 7 moch.  14. BIRTHPLACE (city or town)  (State or country)  Manyland  Trock  Noch.	Neme of operation
13. NAME Lougrey 7 moch.  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Mangaret Barlup.	Neme of operation Date of Whet test confirmed diegnosis? Was there an autopsy?  23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
(State or country)  13. NAME  4 Sosfrey 7 Mosh.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  19. MAIDEN NAME  10. MAIDEN  11. MAIDEN NAME  12. MAIDEN  13. NAME  4 Maryland  14. Maryland  15. MAIDEN  16. MAIDEN  17. Maryland  18. Maryland  18. Maryland  19. Maryland  1	Neme of operation
13. NAME Gosfrey 7 moch.  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Mangaret Barlup.  16. BIRTHPLACE (city or town)	Neme of operation Date of Whet test confirmed diegnosis? Was there an autopsy?  23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
(State or country)  13. NAME  Lougrey 7 moch.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Mangaret Barlup.  16. BIRTHPLACE (city or town)  (State or country)  INFORMANT Mrs. arthur L Walty.	Neme of operation
(State or country)  13. NAME  Locyfrey 7 moch.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Mangaret Barlup.  16. BIRTHPLACE (city or town)  (State or country)  INFORMANT Mrs. arthur L Walts  (Address)  Bollinger Male	Neme of operation
(Stete or country)  13. NAME  4 Suffrey 7 Moch.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Mangaret  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  Mrs. Carthur L Walty  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Placedt Johns Cens. Dete Mor. 18, 1937	Neme of operetion
(State or country)  13. NAME  Locyfrey 7 moch.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Mangaret  Barlup.  16. BIRTHPLACE (city or town)  (State or country)  INFORMANT  (Address)  Bollings  Bollings  Burlal, CREMATION, OR REMOVAL  Place of Johns  Cent. Dete. Nar. 18, 1837	Neme of operation
(Stete or country)  13. NAME  4 Suffrey 7 Moch.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Mangaret  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  Mrs. Carthur L Walty  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Placedt Johns Cens. Dete Mor. 18, 1937	Neme of operetion

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11.—The number of years the deceased followed the occupation.

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	Example I	-	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial he	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 2 10.	July 5,1927	Peritonitis	3 days ago	
9 1	1.00 = 1.00				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
--------------------------	------------------------------

AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

B\_WRITE

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	4	210-00	21	
County Saltry Die			Registration Dist. No.	
Village or City Hollowook		No.	St.,	Ward
Length of rasidance in city or town where deeth occurred.			ion, give its NAME instead of street and	
Length of rasidance in city of town where death occurred	yrs,mos	How long In U.S. If of	foraign birth?m	103G3.
2. FULL NAME august fa	nang	If U. S. Veteran,	specify WAR	
(a) Residence: No. Marriotter	lle to	estall Ward or	woy.	10.
PERSONAL AND STATISTICAL PARTIC		MEDICAL CI	If nonresident give city or town one	State
3. SEX 4. COLOR OB RACE, 5. SINGLE, MARR		21. DATE OF DEATH	/	
The state of the s	(write the word)	Novem	Sec 18 (Day)	_, 193(Yaar)
5a. If married, widowed, or divorced HUSBAND of	1 1			
(or) WIFE of Frances Sans	dusky		CERTIFY, That I attanded	
The state of the s	805 1		19, to	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days	If LESS than	to have occurred on the date state		, dadii is said
F1 7 14	1 dey,hrs.		H and ralated causes of Amportanca	1
- S. Trade, profassion, or particular	l ormin.	were as follows:	Jakill.	Date of onset
kind of work dona, as SPINNER, Jarun	Frank	, many	ego muico,	
9 Industry or business In which	· · · · · · · · · · · · · · · · · · ·	Leggt U.G.	1 Carry	
SAW MILL BANK etc		Int Denial	In Antaio	
10. Date decaased last worked et this occupation (month and spen	ma (yaars) tin this		//	1
yaar) 7500-15, 1-9-37-0 Occu	pation	Other Coutributory Causes of Impo		
12. BIRTHPLACE (city or town) Hermwood		Other Countries of Impo	tuanue.	
(State or country) Balts-Cours	by.			
13. NAME august dans	her ky			
13. NAME (LIQUED Sange)  14. BIRTHPLACE (city or town)		Nama of operation	Date of	
(Stata of country)	yl!	What test confirmed diagnosis?	Wes thara an	autopsy?
15. MAIDEN NAME Munice  16. BIRTHPLACE (city or town) Lettrosta		23. If daath wes due to external cau	ses (VIOLENCE) fillyIn also the followin	R: , oth
5 16. BIRTHPLACE (city or town) Setron	,	Accident, suicide, or homicide?	ccident Date of injury Nove	19.3.7
E (Stata or country) Anchiga	en	Whare did injury occur? Let	serty Rd., flold	nook
17 INFORMANT albert foundliss	bear	Specify whether Injury occurred in	(Specify city or town, county and Statistical INDUSTRY, In HOME, or in PUBLIC PL	ite) .ACE,
(Addrass) marristtsville	1941.	Liberty	Road -1	1
18. BURIAL, CREMATION OR BEMOVAL Place MAR AMERICAN Date MM	2/ 1937	Mannar of Injury	Somofil	91
19. UNDERTAKER Trank H. Meurs	ut	Nature of injury	ay related to occupation of decaasad?	Ma:
(Address) & Rewill Out		If so, specify	A	Α
20 FILED NOW /20 1937 Wm & ma	atri	(Signed)	le Townser	M. D.
	Registrar.	(Address)	Kaudal	lolows

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mid.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as:follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 0 1001	July 5,1927	Peritonitis	3 days ago	
SERVICE S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	
		La contraction de la contracti	1	

V. S. No. 1

1. PLACE OF DEATH  County  County  Village or City  Length of residence in city or town where death occurred 1-4 per 100 per 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11733
Village or City Common where death occurred to the property of		(3)
Length of residence in city or town where death occurred? A court of the short of residence, give its NAME. Instead of street and number)  2. FULL NAME.  (a) Residence: No.  (b) Subject of abode?  (c) Usual place of abode?  (a) Residence: No.  (b) Subject of abode?  (b) Subject of abode?  (c) Usual place of abode?  (c) Ward.  (d) Residence: No.  (e) Residence: No.  (e) Residence: No.  (ii) Subject of abode?  (iii) Sub	County Walling a 2	Registration Dist. No. 30
Length of residence in city or town where death occurred of the state of the control of the cont	Village or City Gatous orlle	No. Ser Open Home St., Ward
2. FULL NAME  (a) Residence: No.  (b) Besidence: No.  (c) Besidence: No.  (d) Residence: No.  (d) Besidence: No.  (d) Besidenc	Length of residence in city or town where death occurred afters	death occurred in a notifier of institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No	2. FULL NAME I Karberine Q Solver	never month
3. SEX	(a) Residence: No. Colmon on aro + Mu	Story Con Ward.
Sa. II merited, widowad, or divorced HUSBAN down or di	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
55. If merried, widowad, or divorced HUSBAND of (or) Wife of Color Wife		november 3
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  If LESS than 1 day,	5a. If merried, widowad, or divorced HUSBAND of	
7. AGE Yeers Months Days If LESS than 1 dey		
S. Trade, profassion, or particular kind of state above, as \$1 New Frince or	6. DATE OF BIRTH (month, day, and year) Feb 11 1858	I last saw h_lk_alive on
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  1. Industry or business in which work was done, as SPINNER, SAW MILL, BANN, atc.  10. bate daceasad last worked at this occupation (month and year)  11. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN MAIN  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMINATION, OF REMOVA)  PLOST  Mannar of Injury  Name of Injury  Neture of Injury	The state of the s	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  1. Industry of business in which work was done as SPINNER, SAWYER, BOOKKEPER, etc.  1. Industry of business in which work was done as SILK MILL, SAW MILL, BANK, atc.  1. Date decessed last worked at this occupation (month and year)  1. BIRTHPLACE (city or town)  (State or country)  1. BIRTHPLACE (city or town)  (State or country)  1. MAIDEN HAMI  1. BIRTHPLACE (city or town)  (State or country)  1. MAIDEN HAMI  1. BIRTHPLACE (city or town)  (State or country)  1. MAIDEN HAMI  1. BIRTHPLACE (city or town)  (State or country)  1. MAIDEN HAMI  1. BIRTHPLACE (city or town)  (State or country)  1. MAIDEN HAMI  1. BIRTHPLACE (city or town)  (State or country)  1. MAIDEN HAMI  1. BIRTHPLACE (city or town)  (State or country)  1. MAIDEN HAMI  1. MAIDEN		ware so follows:
SAW INLL, BUOKATER, BUOK	8. Trade, profassion, or particular kind of work done, as SPINNER,	Oht Sethet
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMATION OR REMOVA) PLACE (CITY OF TOWN)  18. BURIAL, CREMATION, OR REMOVA) PLACE (CITY OF TOWN)  Mannar of Injury  Name of operation  Specify whather in jury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury	SAWYER, BOOKKEEPER, etc	Of her to car de
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMATION OR REMOVA) PLACE (CITY OF TOWN)  18. BURIAL, CREMATION, OR REMOVA) PLACE (CITY OF TOWN)  Mannar of Injury  Name of operation  Specify whather in jury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury	Work was dona, as SILK MILL, SAW MILL, BANK, atc	Januar rend disease 1929
Other Coatributory Casses of Importanca:    13. NAME     13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN   NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMAL Country)   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   18. Details of Injury   19. Nature of Injury   19.	2 Shall (11 (11)2	
(State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMAT  (Address)  18. BURIAL, CREMATION, OR REMOVA)  Proposition  (State or country)  Name of operation  What test confirmed diagnosis? West thara an autopsy?  West thara an autopsy?  Accidant, suicida, or homicide?  Specify city or town, country and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,  Mannar of Injury  Nature of Injury	year) occupation	Other Contributory Causes of Importanca:
13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN HAM  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORM A COLUMN COUNTRY  18. BURIAL, CREMATION, OR REMOVAL  PAGE A COLUMN COUNTRY  Mannar of Injury  Nature of injury		Urema 1937
What test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN HOME  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis? Wes there an autopsy?  23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accidant, suicida, or homicide? Date of injury.  Where did Injury occur?  (Specify city or town, county and State)  Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of Injury.  Nature of Injury.		
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15. MAIDEN NAME (City or town)  16. BIRTHPLACE (city or town)  17. INFORMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  19. Control of the control of	(State or country)	118 200 1 2 2
17. INFORMATION, OF REMOVAL  18. BURIAL, CREMATION, OF REMOVAL  Production  18. Authority  Where did Injury occur?  (Specify city or town, county and State)  Specify whather Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Mannar of Injury  Nature of Injury	15. MAIDEN HOME Kus anna Mochly and	
17. INFORMATION, OF REMOVAL  18. BURIAL, CREMATION, OF REMOVAL  Production  18. Authority  Where did Injury occur?  (Specify city or town, county and State)  Specify whather Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Mannar of Injury  Nature of Injury	[ 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
17. INFORMATION, OR REMOVA)  18. BURIAL, CREMATION, OR REMOVA)  Pure Pure Pure Pure Pure Pure Pure Pure	(Stata or country)	Where did Injury occur? (Specify of town county and State)
18. BURIAL, CREMATION, OR REMOVAL Company Mannar of Injury Mannar of Injury Nature of Injury		Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Please Serie Come / P., 167.7. Nature of Injury.		Mannar of Injury
19. UNDERTAKER 2016 (A. Therefore 24. Was disease or injury In any way ralated to occupation of deceased?	Profacedon Vark leve /P 1037	
	19 UNDERTAKE TEMPS Con Flender	
(Address) Theton & Fahelle If so, spacify		
20. FILED / 7 , 19 Del Seller (Signad) Clipha N Spervers M. D.	20. FILED 11/7 , 19, Del Symblical	1 000 - 500

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Example I		Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 5 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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lain terms, so that it may be properly classified. Exact statement of OCCUP! See instructions on back of certificate.	1.
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lain terms, so that it may be properly c See instructions on back of certificate.	6. DA
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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1.	PLACE OF	DEATH			53.8	
4	County Ba	altimore			Registration Dist. No.	13
	Village or City Fullerton			(II	No. Ridge Ave . St., death occurred in a hospital or institution, give its NAME instead of street a	Ward number)
	Langth of reside			yrs,mos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2.	FULL NAM				If U. S. Veteran, specify WAR	
	(a) Residence	: No. Ridge A			St., Ward.	
			(Usual place		If nonresident give city or town	
	1	L AND STATISTI			MEDICAL CERTIFICATE OF DEATH	4
3. SEX	le	White		RRIED, WIDOWED, ED (reprise the word) I C	21. DATE OF DEATH  November 30th,  (Month) (Day)	193 7 (Yeer)
5a. If	married, widowad HUSBAND of (or) WIFE of	, or divorced Margaret Sc	hmidba	uer	22. I HEREBY CERTIFY, Thet letten March 1932 to Nov. 30,	ded deceesed from
6 DAT	TE OF RIDTH (m	onth, day, end year) Ju	ly 5,	1867	liast saw h 1m alive on Nov. 30, 19	
7. AGE		Months	Days 25	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5 : 10Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ [ ]	8. Trade, professi			l ormin.	were as follows:	Oate of onset
O	Akind of wo		lone		Carcinoma Thyroid	1936
OCCUPATION		siness in which				
3			lone			
8 10	O. Date dacaased this occupe vaar)	last worked et tion (month and	spe	time (years) ent in this upation		
12 DI	RTHPLACE (city	IInler		a patron	Other Contributory Causes of importance:	1930
16, DI	(State or countr		ny		Arteriosclerosis	1930
₩ 13	3. NAME Un	known				1,799
FATHER 14	4 BIRTHPI ACE (	city or town) Unkr			Neme of operation Date	of
E	(State or co	ountry) Unk	nown		What test confirmed diagnosis? Clinical was there	
<u>الله</u>	5. MAIDEN NAM	Unknown			23. If death was due to external causes (VIOLENCE) fill in also the folio	
MOTHER 16	6. BIRTHPLACE (	city or town) Unk	nown		Accident, suicida, or homicide? Date of Injury	
Σ	(State or c	ountry) Unk	nown		Where did Injury occur?	
17. IN	FORMANT Mr (Addrass) R	Joseph So	hmidba Fuller	uer ton	(Specify city or town, county and Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BU	JRIAL, CREMATIC	on, or removal ed Heart Ce			Menner of Injury	
19. UN	NDERTAKER J. (Addrass)	7401 Be lair	Road	Law	24. Wes disease or injury in eny way related to occupation of deceesad	BT -
20. FII	LED Dec.	1 . 19 37 . 25	a Fre	f. m.D. Registrar.	(Signed) S-A-ACL (Addrass) 6217 Harford Rog	M.D.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I	o vi and	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		The state of the s		
		0 8 3		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

item of should

Date of onset

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DEC 14 1991				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

STATE C	F MARYLAND—	CERTIFICATE OF DEATH	11/30
1. PLACE OF DEATH		92-27	
County Gallinor	L	Registration Dist. No.	37
Village or City Lutheri	Ele Md,	No.	St., Ward
	(If	death occurred in a hospital or institution, give its NAME instead of str	reet and number)
Length of rasidence In city or town where d	eath occurred A yrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME Minnue	le henourth.	Shocks U. S. Veteran, specify WAR 200	<i>*</i>
(a) Residence: No. Luther			
	(Usual place of abode)	If nonresident give city or to	
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH YOU. 15	カップ
former yppice	married	(Month) (Day)	(Yaar)
5a. If marriad, widowad or divorced	1 1	22 I HEREBY CERTIFY, That I a	attended deceased from
(or) WIFE of 6 ls A. S.	hocke,	nov 13 h 1937 10 nov	154 1937
6. DATE OF BIRTH (month, day, and year)	ct23-1894	I last saw h. fr alive on mor. 15%	19.3.7; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6 /cm.	7
40	2 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importar were as follows:	
8. Trade, profession, or particular	11 -00 '0	Well as follows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	four Thife	eresse Hemonhages	5 days
	at Home,	Reglis Deser Irlinix	legra
work was done, es SILK MILL, SAW MILL, BANK, atc	11. Total time (years) spant in this		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) / Says	resoville	erebal Weno Schrozen	5
(State or country)	loa	Chromic Endocordeles.	7.7.7.4.7.7
II 13. NAME If man Cohe	nowith	Sereral Dolero. Selevoses	
13. NAME 11 13. NAME 11 14. BIRTHPLACE (city or town) Man	yland,	Name of operation	Data of
(State of country)		What tast confirmed diagnosis? Was tl	hare an autopsy? PLD_
# 15. MAIDEN NAME Comied	sie	23. If deeth was due to external causes (VIOL ENCE) fill In also the	following:
16. BIRTHPLACE (city or town)	moville	Accident, suicide, or homicide? Date of injury	/, 19
E (State or country)	Son Red	Where did injury occur?	
17. INFORMANT & Let L. S. (Address)	hock,	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or In PUI	BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10	Manner of Injury	
Place Manchester	Date 10-19 , 193	Nature of Injury	
Onland) as	0	24 Was disease or injury in any year selected to account in a face	42

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

. Local Registrar.

If so, specify

(Address) ...

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Illustration of the contract o				

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. P	LACE OF DE	ATH			23	11131
County Baltimore					Mt. Wilson Branch, Md.	2
		Mt. Wilso		(16	death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence I	n city or town where dea	th occurredQ	yrsmos	30.ds. How long in U.S. If of foreign birth?yrsmo	sds.
2. F	TULL NAME.	Miss H. V	irgini	a Shook	If U. S. Veteran, specify WAR	
	(a) Residence: No	Buckeyst	OWN, (Usual place	of abode)	A.SC. Ward. Maryland.  If conresident give city or town and	State
	PERSONAL A	AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Fen	nale 4.co	White	S. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH  November 22,  (Month) (Day)	, 193 <u>7</u> (Yaar)
5a. If m HU (o	narried, widowad, or o USBAND of or) WIFE of	divorced			22. I HEREBY CERTIFY, That I attended of September 23 1937 to November 23	deceased from
6 DAT	E OF BIRTH (month,	day and wast Aug	gust 24	. 1901	last sawher aliva on November 22 , 1937	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at $2.55P_{m}$ .	
-	36	2	29	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:	Date of onset
0	Trade, profession, o kind of work do SAWYER, BOOK Industry or busines work was done, SAW MILL, BAN	me, as SPINNER, KEEPER, etc	Secret Inknown		Pulmonary Tuberculosis	Nov. 1933
12	Date daceased last this occupation ( year)	and a distance of the same of	11. Total t	ma (years) nt in this upation Unkno	- 	
12. BIR	RTHPLACE (city or to (State or country)	wn) Frede	rick, larylan		Other Centributery Canace of Importance:  Intestinal Tuberculosis	June
œ 13			look,			NOX
E		Emai	lerick.		Toxic Myocarditis Thoracoplasty, left Name of operation Detection	y &Dec
K 14.	. BIRTHPLACE (city of (State or country)		Maryla	nd.	What test confirmed diegnosis? X-ray, and was there an a	utopsy? No
œ 15.	. MAIDEN NAME	Evvie Zimm	nerman,		What test confirmed diegnosis? X-ray, and was there an a tubercle bacilli were found in 23. If death wes due to external causes (VIOLENCE) fill in also the following	sputum
15. 16.	i. BIRTHPLACE (city (	or town) Fred	lerick, Marvla	nd.	Accident, suicide, or homicide? Date of injury Whera did injury occur?	
17. INFORMANT Eleanor Pearson, (Address) Mt. Wilson, Md.					(Specify city or town, county and State Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) NCE.
18. BURIAL, CREMATION OR REMOVAL Place Mti Olivet Genv. Date Nov 25 , 1937					Menner of Injury	
19. UNDERTAKER EtChison & Son (Address) Frederick, Md.					24. Wes disease or injury in any way related to occupation of deceased?	No
20, FIL	ED MOU 22.		Shank,	Malding Registrar	(Signed) Mt. Wilson, Md.	M. D.
		If more bl	anks are needed,	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage DEC 2 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

## STATE OF MADVI AND-CEPTIFICATE OF DEATH

1. PLACE OF DEATH	0	947)
county Balto	60	Registration Dist. No. 40
Village on City Length of residence in city or form where do		No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. If of foreign birth? yrs. mos. d
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WHE of Ella	Slade	22 HEREBY CERTIFY That I attended deceased from 1937 19 11 11 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	728 - /850 Days   If LESS than	I last saw h accompanies and alive on A. M. m. 19.36; death is sa to have occurred on the date stated alove, at A. m.
8 7 8. Trade, profession, or particular	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related colors of Importance were as follows:  Oato of one of the principal
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ofelines	1937
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spant in this occupation	·
12. BIRTHPLACE (city or town) (State or country)	green	Other Contributory Causes of Importance:
I 13. NAME James 4	Slade	
14. BIRTHPLACE (city or town) 3 a	copo ma	Name of operation Date of
<del></del>	1 Riddle	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME HOME  16. BIRTHPLACE (city or town)  (State or country)	alto-be md	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Ella & S. (Address) Compa & S.	adly my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	in Date Non-13, 1937	Manner of injury
19. UNDERTAKER TO REIL (Address) 44907 nov	Ey Slade	24. Was disease or Injury In any way related to occupation of deceased?
20/11/82/13) Mally	MARMININI.	(Signed) Clufford J. Audson w

V. S. No. 1

ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

ARGIN RESERVED

Exact statement of OCCUPA-

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Example I  The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related cause of importance were as follows:		
Arteriosclerosis	in his you was I to has be	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	8	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 6 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S	_ \			
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			*		

FOR

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 ins). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The questo report specifically the occupations of persons ennature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many person, irrespectivo of (b) Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Crebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> unqualified, indefinite); Tuberculosis of lungs, mentaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," ele. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles, "Uraemia," "Weakness," etc., whon a definite disease . . . . . . . Never report mere symptoms or terminal condiperionaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, (name resulting from childbirth or miscarriage as cough; Chronic origin; "Cancer" is less definite; avoid etc. valvular heart disease The

contributory

permanently filed answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is If this certificate is looked over thoroughly and all questions

telanus) may be stated under the head of "contributory."

as fracture of skull, and consequences (e.g., sepsis,

The nature of the injury,

carbolic acid-probably suicide.

accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL,

(Recommendations on statement of cause of

approved by Committee on

Nomenclature

American Medical Association.)

should state of OCCUPA-CECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS MARGIN RESERVED AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE

V. S. No. 1

1. PLACE OF DEATH	826)	6
County Ballo	Registration Dist. No.	
	If death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where death occurred	sds. How long in U.S. If of foreign birth?yrsm	osds.
2. FULL NAME Sadie Smith	If U. S. Veteran, specify WAR	
(a) Residence: No. 6744 Moodley (Cd. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
HUSBAND of John Linith	22. I HEREBY CERTIFY, That I ettended	deceased from
DATE OF BIRTH (month, day, end year) May 20-1867	last saw h. 62/ elive on 700 26 193.7	, 19. <b>3</b> /.
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. Am.	-, death 13 Said
70 6 7 l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral himorrhoge	11-24-
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(apoplepy)	-
SAW MILL, BANK, etc		-
z. BIRTHPLACE (city or town) Philan	Other Coutributory Causes of Importance:	
(State or country)	_	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	none	-
(State of country)	Neme of operation Dete of	_
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following	g:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
7. INFORMANT Mr. W. h. Stoneback (Address) 6744 Woodley Rd.	Where did injury occur?	ne) ACE.
8. BURIAL, CREMATION, OR REMOVAL Place Moreland mem. PRedate 11/29, 19.37	Manner of Injury	
9. UNDERTAKER John G. Connelly	Nature of injury	
(Address) tasser mg.	If so, specify all the second	
11/10 Total Total Total Total	(Signed)	M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NEC 2 100.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state
\	Jo m	plnou
2	, ite	S
	Every	CIAN
D	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
5	ENT	LLY.
TADIT	RMAN	EXACTLY.
10 A	A PE	ed E
5	SIS	state
E.D	FHIS	d be
DER	INK	lnous
N FEE	ING	AGE
ARGIN RESERVED FOR DINDING	UNFAD	supplied.
,	WITH,	refully
V.	YLY	e ca
	PLAII	pluou
	WRITE	ation sh
		E

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

TION is very important.

V. S. No. 1

Exact statement of OCCUPA-

	D—CERTIFICATE OF DEATH 11741
1. PLACE OF DEATH	(3)
County Oslumou	Registration Dist. No. 38
Village or City Lowson	No. 405 John Cload St., Wa
Length of residence In city or town where death occurred 25 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long In U.S. If of foreign birth?mos
Maria PAA	V
2. FULL NAME Agree Allengra X	purcua If U. S. Veteran, specify WAR Manager
(a) Residence: No. 405 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	
temale White OR DIVORCED (write the w	
ia. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That all attended deceased from
(or) WIFE of Franks II. Suscerna	2. June 1 19 33 to Outher 3 1937
DATE OF PIPTH (TOUTH AN AND MALL 27 187	3, Hast saw h 1 alive on Cas 2 19 J7 : death is se
5. DATE OF BIRTH (month, day, and year) May & , / O   o   o   o   o   o   o   o   o   o	
(5 4 7 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or positively	O The second
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Munselman 193
9. Industry or business in which	Chas nighting 193
work was done, as SILK MILL, SAW MILL, BANK, elc.	Chim Myrableta 1933
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
the Mustria.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town).	minary throndon
13. NAME Unlowown	
210	
(State or country)	Neme of operation
15. MAIDEN NAME Unku - 100	What test confirmed diagnosis?
2 - Company	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Anknown (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AMELINA J. MILLEURS (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy Cellences Date 1/5 Te. 6., 1	Nature of injury
19. UNDERTAKER JOHN MUSCHE SOME	24. Was diseese or injury in any way related to occupation of deceased?
20. FILED AT 5 137 DEMINISTRATION OF	(Signed) N. N. Bishof M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	11/47/19	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13)
County Ballimore	Registration Dist. No. 133
Village or City Peasant Surve	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME value 4. Sprent	Cle If U. S. Veteran, specify WAR
(a) Residence: (g.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
m OR DIVORCED (write the word)	210V (Month) 27th ,1937 (Yeer)
Fig. 18 married, widowed, or divorced HUSBAND of Mary H. Sprenkle	22.   HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dev, end yeer) July 13-1859	I lest saw have elive on Bal 24th 1937 deeth is said
7. AGE Years   Months   Days   If LESS than	to heve occurred on the date stated above, etm,
78 4 1/1   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Harmer SAWYER, BOOKKEEPER, etc.	Paradi Parendut Meldet hel as
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed lest worked et bis occupation (month and	
10. Dete deceesed lest worked et this occupation (month and yeer) cocupetion occupetion	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
(State of country)	
13. NAME Cudiew Sprenkle  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specily city or town, county and State)
17. INFORMANT for sight africultage (Address) Uphrica mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL asbury Effer	Menner of Injury
Gade Stustour Date 1 1987	Neture of injury
19. UNDERTAKER Studellipton (Address)	24. Was disease or injury in any way related to occupation of deceased?
92 48 P	(Signed) A sank Miller Turk M. D.
20. FILED DOWN 1. 19 3 (	(Address) Resistention 2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 14 1937	July 5,1927	Peritonitis	3 days ago
GAIRGAU Y. S	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUMEAU V. S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL		141/2/17 1 [	שוות	CLIVIII	CALL		DEATH

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1. PLACE OF D	EATH			(Parts)	^
County Ba	Ltimore			Registration Dist. No. 3	2
Village or City	Brooklar	ndville	2	NoSt death occurred in a hospital or institution, give its NAME instead of street	.,Ward
Length of residence	in city or town where dea	th occurred5		death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. If of foreign birth?yrs,	
2. FULL NAME	Charle	s L. S	tetser		
(a) Residence: N	lo. Hiilside	& Fal	1s Road	St., Ward.  If nonresident give city or town	n and State
PERSONAL	AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	H
3. SEX 4. C	White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Nov. 28  (Month) (Day)	, 193 7
5a. If married, widowed, or HUSBAND of (or) WIFE of	Mary L.	Stetser		22. I HEREBY CERTIFY, That I atte	nded deceased from
6. DATE OF BIRTH (mont	h day and year) Pel	ruary	11, 1852	Hast saw Value alive on Value 2.8	37 : death is said
7. AGE Years 85	Months 9	Days 17	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at Z. A. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
SAWYER, BOO	ess in which e, as SILK MILL, Emel NK, etc	11. Total ti	LPMS ime (years) nt in this upation	Cerebral aprhly	1937
12. BIRTHPLACE (city or t (State or country)	own) Camden	N. J.		Other Contributory Causes of importance:	Sidlet
13. NAME John	Stetser			artenal Hyladentin	
(State or count	or town) Camde	en, N.	J.	Name of operation Date Whet test confirmed diagnosis? Was there	ofe an autopsy?
15. MAIDEN NAME	Meletta Car	rter,		23. If death was due to external causes (VIOL ENCE) fill In also the foll	owing:
15. MAIDEN NAME 111111111111111111111111111111111111	or town) Camde	en, N.	J	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT	Mary L. Ste		Md.	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, Place_Park		0		Manner of injury	
19. UNDERTAKER Sec. (Address) 17	orge W. Zin 37 E. Eagen			24. Was disease or injury in any way related to occupation of deceased	17.410
20. FILED 1-1-30	, 19.37	6.8.71	Charlo Registrar.	(Signed) Cados & Clark  (Address) 32 1 H Puldum	ban M. D.

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Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
S. S. S.	11				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			2		
		11 /			
ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY PHYSICIAN	3 6		
			97		

V. S. No. 1

NT RECORD. Every item of infor-	LY. PHYSICIANS should state	1. Exact statement of OCCUPA-	
IS IS A PERMANE	be stated EXACT	be properly classified	of certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11745
1. PLACE OF DEATH  County Bulto	39 Decimation No. 11. 38
	Registration Dist. No.
Village or City of ask will	Mord St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrsmos	
2. FULL NAME Elegabeth B.	tewart
(a) Residence: No. 18 Pr Putty Hill	Com Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yyar)
HUSBAND of (or) WIFE of Milliam a. Stewar	1 HEREBY CERTIFY That I attended daceased from
DITT OF DIDTE - 12 1850	Viast saw h. La alive on / 22 19 37 death is said
DATE OF BIRTH (month, day, and year)  AGE Years   Months   Days   II LESS than	to have occurred on the date stated above, at 4 the m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
2 Trade profession or particular	wera as follows:
ind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 1 1
Mind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and	Whale Wys
SAW MILL, BANK, atc.	
10. Date deceased last worked at this occupation (month and year)	
O To The	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	1 to Common or
	De La de de Corre
000000	/Ki
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Pringaret Grand	What test confirmed diagnosis? UV. UVA Y Was hive an aulopsy? The was hive an aulopsy?
a activity	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANT LA Glever (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Misseland Date 11/21 197	Nature of injury
9. UNDERTAKER Jensey & Buch (Address) 5305 Harry Del.	24. Was disease or injury in any way related to occupation of deceased?
10. FILED 11/23 , 1937 a. M. Bacon Registrar.	(Signed) Walky Through M. [ (Address) 3/36 26 and Co. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis DEC 2 1907	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

CTATE OF	MADVIAND CEDTICICATE OF	DEAT	C 1 1
SIAIFOF	MARYLAND—CERTIFICATE OF	$11 \vdash \Delta 1$	
JIAIL OI	MARIE CERTIFICATE OF	DLAI	

o V	STATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH	1746	
1. PLACE OF	EATH			95-6		
CountyBaltimore				Registration Dist. No. 30		
Village or City_	Catonsville	, Spring	Grove Hos	pitali. St.,	Ward	
Langth of residance	a In city or town whara	deeth occurred12		death occurred in a horpital or institution, give its NAME instead of street and ni7ds. How long In U.S. if of foreign birth?		
2. FULL NAME	Herbert I	3. Stimpso	n	If U. S. Veteran, specify WAR		
(a) Residence:	No. 1702 Bolt	on Street	Balt	St., Ward.		
		(Usual place		If nonresident give city or town and	State	
	AND STATIST			MEDICAL CERTIFICATE OF DEATH		
Male	White		RIED, WIDOWED, O (write the word) . ed	21. DATE OF DEATH  November 20 (Month) (Day)	193.7 (Yaar)	
a. If marriad, widowed, of HUSBAND of (or) WIFE of	r divorced Irs H. B. St	impson		22. I HEREBY CERTIFY, That I attended do		
. DATE OF BIRTH (mon	th, day, and year)	January 31	1860	I last saw h_im aliva onNovember_20, 19.37_		
. AGE Years	Months	Days	If LESS then	to have occurred on the date stated above, at		
68	9	20	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated ceuses of Importanca were es follows:	Date of onset	
8. Trada, profession kind of work SAWYER, BOO	or particular					
9. Industry or busin	ness In which ne, as SILK MILL,	awyer wn Law Pr	actice	Senility Before Generalized Arteriosclerosis " Arteriosclerotic Heart Disease "	1937	
10. Date deceesed la this occupation year)	n (month and 1936	11. Totel ti sper occu	ma (yaars) It in this Life Ipation	// · · · · · · · · · · · · · · · · · ·	1937	
2. BIRTHPLACE (city or (Stata or country)	town) Howard	County, 1	Waryland			
13. NAME A	im x	Tump	ww			
14. BIRTHPLACE (city				Name of operation None Dete of What test confirmed diagnosis? Cline Anate Was there are a		
15. MAIDEN NAME  16. BIRTHPLACE (city (State or cou		Gardo	w	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accidant, suicide, or homicide? None Date of injury  Whara did injury occur?		
7. INFORMANT MA (Address) / 7	V. Margar	et Hughe	& Stimps	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATION, OR REMOVAL			× 5 5 9	Manner of Injury None		
rapparation	Jackson	Date	72,1937	Nature of InjuryNone		
19. UNDERTAKER(Addrass) 4	Harry Z	I witz	ke son aux	24. Was disease or injury Imany way related to occupation of deceased?	0	
20. FILED.	2 . 19 37	Hohn	Registrar.	(Address) Culmanell 1	M.D.	
	If more	blocks bronged at the	deres State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	6	

V. S. No. 1

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11.—The number of years the deceased followed the occupation.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrilis DEC 3 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BLINEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RD. Every item of HYSICIANS should Exact statement of

## HEALTH DEPARTMENT—CITY OF BALTIMORE

11147

۱	CERTIFICAT	TE OF DEATH
	1. PLACE OF DEATH	Registered No.
	CKEY OF BALTIMORE: (No. Memophing	Cor St., Ward)  (If death occurred is a hospital or institution give its NAME instead of street and numbers and numbers and numbers.)
I	Length of residence in city or town where death occurred	mosds. How iong in U. S. If of foreign birth?yrs,mosde
l	2. FULL NAME / Jensy Leve St	olms If U. S. Veteran specify WAR
	(a) Residence: No. Autopairo alla (Usual place of abode)	St., Ward
I	PERSONAL AND STATISTICAL PARTYCULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH (month, day, year) 75, 193 22. I HEREBY, CERTIFY, That I attended deceased from SCISAL, 285, 1937, to 4005, 193
I	(or) WIFE of Mary Source Storms	I last saw him. alive cn. 100 5 193 Death is sai
	6. DATE OF BIRTH (mont day, year) July 15-15-6 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at // f. f.m.  The principal cause of death and related causes of importance were as follows:
	3 21 I day,hrs. ormin.	Cerebral humber oitz
	kind of work done, as spinner, sawyer, bookkeeper, etc.	193
	Jindustry or business in which work was done, as silk mill, saw mill, bank, etc  10. Date deceased last worked at this occupation (month and year).	Other contributory causes of importance:
	12. BIRTHPLACE (city or town)	Was an operation performed? 20 Date of
1	E 13. NAME / Venny slowing	For what disease or injury?
	I4. BIRTHPLACE (city or town)	What test confirmed diagnosis Lucal Was there an autopsy?
-	E 15. MAIDEN NAME Mukenny	23. If death was due to external causes (violence) fill in also the foi lowing:  Accident, suicide, or homicide?Date of injury
-	16. BIRTHPLACE (city or town)   (State or country)	Where did injury occur?(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publi-
	17. INFORMANT Mary Jones Ploris (Address) & demain art. Belt Co.	place
I	18, BURIAL CREMITION, OF REMOVAL	Manner of injury
-	Place Dunal Rels Date Nov 8 137	Mature of Injury
-	19. UNDERTAKE Frank (4. Newsel) (Address)	24. Was disease or injury in any way related to occupation of deceased
-	20. FILED 1/-7-37 10 & Enichal	(Signed) 6 6 hichards M. D
I	Registrar.	(Address) Full call 6 Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Examples:

Example I		Example II	II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 2 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	

back

important.

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Baltimore County Registration Dist. No. No. Old Frederick Road Village or City Catonsville (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred Life yrs. \_\_\_\_\_\_ds. How long in U.S. If of foreign birth? \_\_\_\_\_\_\_yrs. \_\_\_\_\_\_\_ds. 2. FULL NAME Kate Stratmeyer If U. S. Veteran, specify WAR (a) Residence: No. Old Frederick Road at St. Agness Lane Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) November 4 White Female Widowed (Month) 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of John Stratmeyer 6. DATE OF BIRTH (month, day, and year) May 17, 1864 7. AGE Months Deys If LESS than 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. CUPATION None Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ..... 10. Date deceased last worked et 11. Totel time (years) this occupation (month and occupation \_\_ Other Contributory Causes of Importance: Baltimore County 12. BIRTHPLACE (city or town) (State or country) Maryland HER 13. NAME Jacob Barline FAT 14. BIRTHPLACE (city or town) ----Name of operation\_\_\_\_\_ (Stete or country) Germany What test confirmed diegnosis? \_\_\_\_\_ Wes there an au opsy? OTHER Unknown 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town) .... Germany (State or country) Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT Miss Carrie Stratmeyer 18. BURIAL CREMATION, OR REMOVAL Catonsville Manner of Injury Place Woodlawn Cemetery Date Nov. 6 Nature of Injury\_ 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER 1003 W. Baltimore St. (Address) If so, specify (Signed)

Registrar.

If more blanks are needed, addre State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Date of onset

700 Cathedral

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	DEC 2 100	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	, o 3				
	to the state of th				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				LUE OF M	

Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING certificate. ARGIN RESERVED AGE should be See instructions on back of mation should be carefully supplied. TION is very important. -WRITE

V. S. No. 1

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11749
1. PLACE OF DEATH/	(93-20)
County Dalfrynogl	Registration Dist. No. 38
Village or City Tashville	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel Jaylo	If U. S. Veteran, specify WAR Tropie
(a) Residence: No. 78 4 (Must Struct Whole)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR ON RACE S. SINGLE, MARRIED, WIDOWED, ON DIVORCED (whise the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Mary I Jaylor	www. 114 1926, to how 1424 1932
6. DATE OF BIRTH (month, day, and year) White 9. (864	i last saw h_ elive on 200 12 , 1937; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to heve occurred on the date stated above, at 3:3 o A m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chimia marcalit
SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and the occupation (month and t	Convice yourdely law 187
work was done, es SILK MILL, Balk Hesso	
10. Date deceased lest worked at this occupetion (month end year)	
12. BIRTHPLACE (city or town) Cell Co	Other Contributory Causes of importance:
(State or country)	my scargles hereft was Ottel
13. NAME Den Mesley Jaylor	1/952
13. NAME Who Misley Jaylor  14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis 2 4 Was there an autopsy?
TE 15. MAIOEN NAME MAKENNON	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State-Office)	Where did injury occur? (Specify city or town, county and State)
(Address) 19 804 Houst mit Mil.	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place SALTIMORE Oate 117 ,19 37	Nature of injury
19 UNDERTAKER William Coolc	24. Was disease or injury in any way related to occupation of deceased?
(Address) 12/7 SX Paul Staw	If so, specify
20. FILEO 1/14 , 1937 a. W. Bacon	(Signed) Edin H 3 gran M. D.
Registrar.	(Address) f. W. Orelea La

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ONN

)		TARGIN RESERVED FOR DINDING	NEW TOTAL	A WITTO	1	FOR	DIT	DITTO	•
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	WITH	UNFADI	NG II	NK-T	HIS	IS A ]	PER	MANENT	RE
mation should be carefully supplied. AGE should be stated EXACTLY.	efully s	upplied.	AGE	should	pe	stated	EX	ACTL	Y.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	in plain	terms, so	that	it may	pe	proper	ly cl	lassified.	Exa
TION is very important. See instructions on back of certificate.	ant. Se	e instruct	ions o	n back	Jo	ertifica	ate.		

ct statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEAT	H 1175(
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1. PLACE OF DEATH	200
County Falting	Registration Dist. No. 3 \
Village or City Montations Ind	NoSt.,Ward
Length of residence in city of town where death occurred 4 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Surah Elizabe	of Thomas
(a) Residence: No. monthle	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDON	
Female colored OR DIVORCED (write the v	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Horn	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence
2 Trade profession or particular	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Primary amore of the beart failure:
Date deceased last worked et this occupation (most) end year)	Cormany thombosian Durstian Mundonson
12. BIRTHPLACE (city or town) (State or country)  12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME , Lenny Watters	
13. NAME Alony Watters  14. BIRTHPLACE (city or town) Bush River hech (State or country)	Name of operation
	Whet test confirmed diagnosis?
15. MAIDEN NAME Julia Some	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) I tay and Co had	Where did injury occur?
17. INFORMANT Was It Thomas (Address) Prompters had	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Melforty & Taba Date Ker 26	Manner of Injury
19. UNDERTAKER Markeling Long (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOT 24 5,9 8 My lener Borle	(Signed) Bery B. Merryman M. D

V. S. No. 1

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Cerebral hemorrhage	1921	Run over by street car	1 week ago
Corcorat Honor Hoage	July 5,1927	Peritonitis	3 days ago
MUREAU V. S.	7]		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis +	1 year
		,	

4 11	S	TATE OF	MARY	LAND-
UP 1	. PLACE OF DEA	TH OL		
22	County 19	allum	ree	
0 Jo	Village or City	70000	on	
	Length of residence in ci	tv or town where deeth	occurred	vrsr
	2. FULL NAME	Phasles	9 1	on der
		Holl.	Wille	uses A
	(a) Residence: No		(Usual place o	abode)
	PERSONAL AN	D STATISTICA	AL PARTIC	CULARS
3.	Male 4. colo	R OR RACE 5.		HED, WIDOWED,  write the word)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced B L	e dese	//
	Juc	y c. The	aure	1011
_	DATE OF BIRTH (month day  AGE Years	(, and yeer)	Days	866   If LESS than
	7/	7	27	1 day,h
	8. Jrade, profession, or pa	rticuler A	100	ormin.
NO	kind of work done, SAWYER, BOOKKEE	es SPINNER, PER, etc.	ail Val	alles
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	which SILK MILL, Z	S. Gov	18.
0	Date deceased last wor this occupation (more year)	ked et A		ne (years) t in this
12.	BIRTHPLACE (city or town)	ma	relace	d
	(State or country)	2016		
HER	13. NAME	mys.	nesdu	rell
FATHER	14. BIRTHPLACE (city or to	wn) Mari	fland	
2	(State or country)	N		
H	15. MAIDEN NAME	Muna	0	1
MOT	16. BIRTHPLACE (city or to (State or country)	wn) L. HAV	rylano	<u></u>
	Sec.	, C Free	well	
17.	(Address)	Town	Me	1.
18.	BURIAL, CREMATION, OR F	EMOVAL / L'	11.00	A
	Place / Sopple	co well	Date / LOV-1	, 19.3
19	UNDERTAKER John	1 Burns	House	_
	(Address)	Lords	m. 114	1
di .		7 11/1/1/	Illata w DIII	DI DE

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11751
EATH	8250
Baltimore	Registration Dist. No.
Towarn	No. 404 W. Penna. ave. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Marles E. Treadwel	If U.S. Veteran specify WAR.
0. TIT (Usual place of abode)	St., Ward.  If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR BACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	192
divorced ///www.q	(Month) (Day) (Year)
un 8 headerell	22.   HEREBY CERTIFY That I attended deceased from
ncy 6. Francisco	1931, to 600 7 , 1931
day, and yeer) 1111. 10, 1866	I last saw h alive on the last said
Months Days If LESS than	to have occurred on the date stated above, et
2   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
or particular one, es SPINNER, Mail Portal 19	otal
(KEEPER, etc.	7/273
as SILK MILL, U.S. Gover.	
t worked et (month and Police)   It Total time (years)   spent in this	
occupation T	Other Centributery Canses of Importance:
own) Masuland	0 4 0
	Ullus selesses tub.
Mm. S. nesdwell	systemsian.
or town) Marsland	Name of operation Date of Date of
ry)	What test confirmed diegnosis? Was there an autopsy?_UQ
/ menia	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
or town) Maryland	Accident, suicide, or homicide? Date of injury, 19
(ry)	Where did injury occur? (Specify city or town, county and State)
Cy E. Freedwell	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Towson, Med.	
OR RÉMOVAL  REST HELL Date //ST. 9 19-37	Manner of Injury
l Date of 1997	Nature of Injury
his Durie Hous	24. Wes disease or injury.In any way related to occupation of deceased?
Jourson Med	If so, specify
10 ) My Willy an STM	(Signed) M. D.
If more blanks are needed address State Registrar	(Addivess) - Court V. S. No. 1.

If more blanks are needed, address State Registra

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1337	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

state

1. PLACE OF DEATH	23
County Alleuson	Registration Dist. No.
Village or City Jures in	ND. Occlude St., Wa  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrs, 2m	sds. How long in U.S. If of foreign birth?yrsmos
	cruce If U. S. Veteran, specify WAR
(a) Residence: Np. Garrison mil	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE CREATED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10023-
. If married Moowed, or divorced	(Month) (Day) (Yasr)
My We of Action Turner	22. Desteudy 21, 1937, to Nov 23, 1937
DATE OF BIRTH (month, day, and year) face 18-1907	I last saw h. A alive on New 22 1927; death is s
AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 725 pm.
30 // 5   f day,hrs	were as follows:
8. Trade, profession, or particular 2/	Date of one
kind of work done, as SPINNER, American SAWYER, BDOKKEEPER, etc.	Tulusum Julanulus Hong
9. Industry or business In which work was done, as SILK MILL. Harvedutes, SAW MILL, BANK, atc.	274
10. Date dacased last worked at this occupation (month and 4) 11. Total time (years) spent in this	
yaar) occupation	Other Centributery Causes of Importance:
BIRTHPLACE (city or town)	
(State of Country)	- l/mi
13. NAME Frank Snigder	
14. BIRTHPLACE (city or town)	Name of operation Mule Data of Data of
(State or country) Mary each	What test confirmed diagnosis? Church Was there an autopsy?
15. MAIDEN NAME Mary Brasly	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
INFORMANT Mesley & Sloule	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lawy	
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Cheello Date Nov 26, 193	Nature of Injury
UNDERTAKER French H Newell	24. Was disease or injury in any way related to occupation of deceased? 20
(Address) P. DO NATO CO. M.	If so, specify
1- 2-1 35 BE Vice Las	(Signed) BB Mulals M
), FILED (192) (6 (a MUE)	

CTATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DFC 2 1937	July 5,1927	Peritonitis	3 days ago
SURPLANT V.	3		
Other contributory causes of importance:	a discourse with 2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PE

	STATE OF	MARYI	AND-CERTIFICAT	E OF DEATH
--	----------	-------	----------------	------------

11753

1. PLACE OF DEATH	(28)
County Ballo	Registration Dist. No.
Village or City Owings Mills	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	osds. How iong in U.S. if of foreign birth?yrsmosds. /
2. FULL NAME Elbel Marce When	If U. S. Veteran, specify WAR
(a) Residence: No. Larusan Rd	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX,  4. COLOR OR RACE  OR DIVORCED (write the word)  Surge:	21. DATE OF DEATH 200. 25 ,1937 (Month) (Day) (Year)
5a. Ii married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That Jettended deceased from
1	4/23 ,19.87, 10 // 25 ,19.37
6. DATE OF BIRTH (month, day, and year) June 16 1848	I last saw here elive on
7. AGE Years Mooth's Days if LESS than 1 day,hr.	to have occurred on the date stated above, atm.
7   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Iollows:
Rande, profession, or particular kind of work done, es SPINNER. Muses es in the	
kind of work done, as SPINNER, Muse in St. SAWYER, BOOKKEEPER, etc.	Pulmonory Inberculain 1920
Industry or business in which work was done, as SILK MILL franchise Medical	
kind of work done, as SPINNER, Muse in St. SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL Same law. These for SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	
this occupation (month and spant in this occupation year)	
BILLI	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Choleo Glisaria 1936
1 01 2	- Inberentoux Enterilis 1937.
14. BIRTHPLACE (city or town) - Jalli Co	
4 14. BIRTHPLACE (city or town)	Name of operation Move Date of Date of
(State or country)	What test confirmed diagnosis? Elimical of Was there en autopsy? Lo
15. MAIDEN NAME Faura B. Plaure	23. If death was due to external causes (VIOLENCE) fill in also the Ioliowing:
16. BIRTHPLACE (city or town) Balls - 60	Accident, suicide, or homicide? 200 Date of injury 19 19
X (State or country)	Where dld injury occur? Zone
IT INFORMANT It my H refiles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Qurings Mults My	none
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Carrol Chapel Compate Nov 28 , 1937	Nature of injury.
1 - Eline & Sons	
19. UNDERTAKER TRUSTERSTOWN MA	24. Was disease or injury in any way related to occupation of deceased?
n 1) IR	If so, specify A Caples
20. FILED / LOV 27, 193/ J. Howe Truce	(Signed) . A. Cartes M. D.
Registrar.	(Address) Cersus Lown, Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE FOR FU	RTHER STATE	MENTS BY	PHYSICIAN
-------------------------	-------------	----------	-----------

# RD. Every item of inforshould state of OCCUPA-Exact statement EXACTLY. UNFADING INK-THIS IS A PERMANENT I properly classified. stated AGE should be SAUSE OF DEATH in plain terms, so that it may be nation should be carefully supplied.

TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	95-0
County Baltimore	Registration Dist. No.
Village or City Edgemen	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrs.	(if death occurring in a norpital of institution, give its NAME instead of street and number)  nosds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Louisa Wagner	If U. S. Veteran, specify WAR
(a) Residence: No. Magner and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowad, or divorced	22.   HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Troplane Wagner	Seff 174 1987 to nov. 54 198
6. DATE OF BIRTH (month, day, and year) Afril 2 1862	I last saw h. 42 elive on 1900 5 to 1937; death is sai
7. AGE Years Months Days If LESS than	
75 7 3 1 day,	the relative to the cost of pearly and related causes of importance
9 Trade profession or particular	Chronic Myocarddis : Auration Wat 88
SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, atc  10. Date daceased last worked at this occupation (month and separation) this constitution (month and separation) the separation because the second in this second i	Jeans Cent of
10. Date daceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) - Gless on arrange (State or country)	Other Contributary Causes of importance:
13. NAME hat known  14. BIRTHPLACE (city or town). Germany  (State or country)	Neme of operation
15. MAIDEN NAME But Known	What test confirmed diagnosis? Was there an eutopsy?  23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
and all H Cafe	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Was nes are,	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Oak Lasure Oats 4 m 8 , 190	Z. Neture of injury
19. UNDERTAKER John F Dermy	24. Was disease or injury In any way related to occupation of deceased?
(Address) 7/5 List S	If so, specify
20 FILED 1/0 5 1937 41 MM Jamie 1	(Signed) SMM 6 Three M.

V. S. No. 1

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-B
County Baltimore	Registration Dist. No.
Village or City Woodlawn	No. Swym Cakane St., Ward
Length of residence in city or town where deeth occurred/yrs,6mos	death occurred in a horpital institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?ms
2. FULL NAME Emma Victoria Wat	16 U. S. Veteran, specify WAR
(a) Residence: No. Lungun Oak due,	St. Ward.
(Usual place of abode) Wood	land If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLDR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Lovember 9 , 193 7 (Month) (Dey)
a. If married, widowed, or divorced	22. A LHEREBY CERTIFY. Thet   attended deceesed from
(or) WIFE of Richard Edward Watson	aug 13 ,1936, to Wor 9 ,1937
6. DATE OF BIRTH (month, day, end yeer) Que 17. 1865	I last seem_len elive on_len = 8, 19.37; deeth is seld
7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated above, et 2
72 29 23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, Rouse Resper	0
SAWYER, BOOKKEEPER, etc.	Caremona of Spinaer June
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceesed lest worked at  1D. Date deceesed lest worked at  11. Total time (yeers)  12. Total time (yeers)	1936
1D. Date decessed lest worked at dug II. Totel time (yeers) this occupetion (month and	4
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltimore	$\Omega$
(Stete or country) many and	Muility
13. NAME Charles Kettary	- Agriculture -
13. NAME Charles Kettary  14. BIRTHPLACE (city or town) Lufembergy	Name of operation Dete of Dete of
(State of country)	Whet test confirmed diagnosis? True Way there en autopsy? No
15. MAIDEN NAME Victoria Social Per 16. BIRTHPLACE (city or town)	23. If death was due to externel courses (VIOL FYCE) fill In else the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Wis Cleanor Watson	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, DR REMOVAL)	Manner of injury
Plece Loudon Park Dete MIT 12, 1937	Neture of injury
10 HADERTANED 7 Verman Gochmon	24. Wes disease or injury In any way Peted to occupetion of deceased? 200
19. UNDERTAKER 30/ Esmondan Coe	If so, specify
20. FILED 11/4 19 24/2 Land	(Signed) Jashua J. Urmacos M.D.
Registrar.	(Appless). Woodlawn Mary Jawa
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
		4		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:		